

## PATIENT

Name:

Age:

First name:

## DEQ 5

## DRY EYE QUESTIONNAIRE

### 1. Questions about **EYE DISCOMFORT**

a. During a typical day in the past month, how often did your eyes feel discomfort?

0  Never

1  Rarely

2  Sometimes

3  Frequently

4  Constantly

b. When your eyes felt discomfort, how intense was this feeling of discomfort at the end of the day, within two hours of going to bed?

Never have it	Not at all intense				Very intense	
0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	

### 2. Questions about **EYE DRYNESS**

a. During a typical day in the past month, **how often** did your eyes feel dry?

0  Never

1  Rarely

2  Sometimes

3  Frequently

4  Constantly

b. When your eyes felt dry, **how intense was this feeling of dryness** at the end of the day, within two hours of going to bed?

Never have it	Not at all intense				Very intense	
0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	

### 3. Questions about **WATERY EYES**

During a typical day in the past month, **how often** did your eyes look or feel excessively watery?

0  Never

1  Rarely

2  Sometimes

3  Frequently

4  Constantly

### SCORE:

1 a	+	1 b	+	2 a	+	2 b	+	3	=	TOTAL
_____	+	_____	+	_____	+	_____	+	_____	=	_____

\*TFOS DEWS II: Symptomology: DEQ-5  $\geq$  6 / Sjögren syndrome should be suspected if the DEQ-5 score is > 12