

DEQ 5

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 2 hours of going to bed?

Never have it	Not at All Intense					Very Intense
0	1	2	3	4		5

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 2 hours of going to bed?

Never have it	Not at All Intense					Very Intense
0	1	2	3	4		5

3. Question 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:

1a +	1b +	2a +	2b +	3 =	Total
+	+	+	+	=	<input type="text"/>