

# DEQ 5

Name \_\_\_\_\_

Date \_\_\_\_\_

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## 1. Questions about EYE DISCOMFORT:

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

0

Never

0

Rarely

0

Sometimes

0

Frequently

0

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?

0

Never have it

0

Not at All Intense

0

0

0

Very Intense

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## 2. Questions about EYE DRYNESS:

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

0

Never

0

Rarely

0

Sometimes

0

Frequently

0

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?

0

Never have it

0

Not at All Intense

0

0

0

Very Intense

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## 3. Questions about WATERY EYES:

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

0

Never

0

Rarely

0

Sometimes

0

Frequently

0

Constantly

## Score:

1.a. \_\_\_\_\_ + 1.b. \_\_\_\_\_ + 2.a. \_\_\_\_\_ + 2.b. \_\_\_\_\_ + 3 \_\_\_\_\_ = \_\_\_\_\_ **Total**

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