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 two hours of going to bed?

<table>
<thead>
<tr>
<th>Never</th>
<th>Not at All</th>
<th>Very</th>
</tr>
</thead>
<tbody>
<tr>
<td>have it</td>
<td>Intense</td>
<td>Intense</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
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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
   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?

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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:** \[1a + 1b + 2a + 2b + 3 = \text{Total}\]
   
   \[\_+\_+\_+\_+\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]