

DEQ 5

Dry Eye
Questionnaire

Market Mall Optometry
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T3A 0E2



1. Questions about EYE IRRITATION:

A. During a typical day, how often do your eyes feel strained or irritated?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Frequently
- 4 Constantly

B. At their worst, how intense was this discomfort?

- 0 Never
- 1 Somewhat Intense
- 2 Somewhat Intense
- 3 Somewhat Intense
- 4 Very Intense
- 5 Very Intense

2. Questions about EYE DRYNESS:

A. During a typical day, how often do your eyes feel dry and dehydrated?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Frequently
- 4 Constantly

B. At their worst, how intense was this dryness?

- 0 Never
- 1 Somewhat Intense
- 2 Somewhat Intense
- 3 Somewhat Intense
- 4 Very Intense
- 5 Very Intense

3. Questions about WATERY EYES:

A. During a typical day, how often do your eyes feel overly moist or watery?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Frequently
- 4 Constantly

TOTAL SCORE: + + + + =

1a 1b 2a 2b 3a

The higher your score is, the more likely it is that you're suffering from Dry Eye Syndrome. Book an appointment today with our team of Dry Eye Specialists and be on your way to clear, healthy vision!