

DEQ-5 Patient Dry Eye Questionnaire

1. Question about EYE DISCOMFORT:

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

| NEVER | RARELY | SOMETIMES | FREQUENTLY | CONSTANTLY |
|-------|--------|-----------|------------|------------|
| 0 | 1 | 2 | 3 | 4 |

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 | NOT AT ALL INTENSE | | | | INTENSE |
|-------|--------------------|---|---|---|---------|
| 0 | 1 | 2 | 3 | 4 | 5 |

2. Question about EYE DRYNESS:

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

| NEVER | RARELY | SOMETIMES | FREQUENTLY | CONSTANTLY |
|-------|--------|-----------|------------|------------|
| 0 | 1 | 2 | 3 | 4 |

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 | NOT AT ALL INTENSE | | | | INTENSE |
|-------|--------------------|---|---|---|---------|
| 0 | 1 | 2 | 3 | 4 | 5 |

3. Question about WATERY EYES:

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

| NEVER | RARELY | SOMETIMES | FREQUENTLY | CONSTANTLY |
|-------|--------|-----------|------------|------------|
| 0 | 1 | 2 | 3 | 4 |

SCORE:

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









+ + + + =

Dry eye should be considered scores >6
>12 would suggest severe dry eye



HYCOSAN[®]
OPTASE[®]

Product recommendation based on DEQ-5 Score

| DEQ-5 Score | Level of Discomfort | Dry Eye Symptoms | Suggested Product |
|--|-------------------------|--|---|
| <div>6</div> <div>MILD</div> <div>SEVERE</div> <div>22</div> | MILD | Intermittent symptoms of dry eye such as mild irritation, redness, soreness, tired eyes that may have been caused by extended screen use, dry environments, or air conditioning. | HYCOSAN® FRESH  |
| | MODERATE | Increased discomfort and frequency of moderate symptoms of dry, irritated, sore, gritty eyes that may have been caused by contact lenses, dry environments, constant computer use. | HYCOSAN® ORIGINAL  |
| | MODERATE/ SEVERE | Extremely uncomfortable and persistent dry eye symptoms that needs frequent drop usage including pre and post surgery dry eye. | HYCOSAN® EXTRA  |
| | SEVERE | Persistent, severe dry eye with intense inflammatory symptoms such as burning and itching. | HYCOSAN® INTENSE  |
| | Night-time dry eye | Eyes that are sore, dry and gritty on waking in the morning that need an ointment for over night use. | HYCOSAN® NIGHT  |
| | Allergy related dry eye | Dry eye discomfort such as itching & burning due to allergy. | HYCOSAN® DUAL  |
| | Post surgical dry eye | Dry eye discomfort post-surgery/ ocular surface injury. | HYCOSAN® PLUS  |
| | Lipid deficient dry eye | Discomfort related to gritty and dry eyes related to a compromised lipid layer. Patient may have Meibomian gland dysfunction. | HYCOSAN® SHIELD  |