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Supplementary Material



Middle East Preferred Practice Patterns for Dry Eye Disease: A Modified Delphi Consensus

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DRY EYE QUESTIONNAIRE (DEQ-5)*

1. Questions 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 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?

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 HAVE IT	NOT AT ALL INTENSE				VERY INTENSE
0	1	2	3	4	5

3. Questions about WATERY EYES:

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

*R. L. Chalmers et al./Contact Lens & Anterior Eye 33 (2010) 55-60 940091 Rev A

Permission to re-use the DEQ-5 approved by RL Chalmers.

Additional questions proposed by the expert panel to be asked include:

1. When opening your eyes during or after sleep, do you have sudden discomfort or a sticking feeling from your lids?
2. Are symptoms of dry eye worse on waking or during the course of the day?
3. Which signs/symptoms bother you the most – itching, redness, burning, or foreign body sensation?
4. Does your partner/spouse/child sleep with eyes partially open?

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