

DEWS	DRY EYE: DIAGNOSTIC TEST TEMPLATE	
RAPPORTEUR	Barbara Caffery	Date: 22/10/04
TEST	McMonnies questionnaire	
TO DIAGNOSE	Presence or absence of dry eye	REFERENCES
VERSION of TEST	[V2]	Mc Monnies 1987
DESCRIPTION	The test is used to screen patients for the possibility of dry eye disease so that the index of suspicion of the practitioner is raised for those at risk and therefore further testing would be performed.	
CONDUCT of TEST	<p>The test is self administered: A questionnaire with 14 questions is given to the patient to fill out. The weighted values for questions are as follows.</p> <p>Previous treatment of dry eye: yes=2, no=0, uncertain=1</p> <p>Experience of symptoms: the presence of each symptom=1</p> <p>Frequency of symptoms: never=0, sometimes =1, often=2, constantly=3</p> <p>Unusual sensitivity of the eyes: yes=2, no=0, sometimes=1</p> <p>Swimming irritation of the eyes: yes=2, no=0, sometimes=1</p> <p>Alcohol use: yes=2, no=0, sometimes=1</p> <p>Medication side effects: each medication =1</p> <p>Arthritis: yes=2, no=0,uncertain=1</p> <p>Mucous membrane dryness: never=0, sometimes=1, often=2, constantly=3</p> <p>Thyroid abnormality: yes=2, no=0, uncertain=1</p> <p>Nocturnal lagophthalmos: yes=2, o=0, uncertain=1</p> <p>Waking irritation: yes=2, no=0, uncertain=1</p>	

Web Video	NA	
Materials:	A single sheet of paper with the questionnaire on it that includes the weighted scores.	
Variations of technique	Some practitioners may not use the scoring system but just use the answers directly, in their decision making.	
Diagnostic value	This version [v2]: [1987] To discriminate between normals and sicca syndrome. See below for sensitivity Other version [V1]: [1986] Not as good on its own at identifying marginal dry eye..	Mc Monnies 1986; 1987.
Repeatability	Intra-observer agreement. [] Inter-observer agreement. []	
Sensitivity	(true positives) [98%]	
Specificity	(100 – false positives) [97%]	
Other Stats	Mc Monnies 1986 refers to a different weighting system for the same questionnaire that was used to discriminate marginal dry eye from normals and more severe dry eye. The authors determined that neither history nor biomicroscopy alone were adequate to determine marginal dry eye. However, using the history to identify the top 10% of total scores, a high level of sensitivity was obtained..	
Test problems	The questionnaire is not good at categorizing the patients as mild, moderate or severe.	

References

McMonnies C, Ho A, Marginal dry eye diagnosis, in Holly F (ed). *The preocular tear film in health, disease and contact lens wear*. 1986, Dry Eye Institute Inc: Lubbock, p 32-38.

McMonnies C, Ho A. Patient history in screening for dry eye conditions. *J Am Optom Assoc* 1987;58(4): 296-301.

McMonnies C. Responses to a dry eye questionnaire from a normal population. *J Am Optom Assoc* 1987;58: 588-589.

The McMonnies questionnaire:

Please answer the following by underlining the response most appropriate to you.

Age: under 25 years 25-45 years over 45 years

Currently wearing: no contact lenses hard contact lenses soft contact lenses

1. Have you ever had drops prescribed or other treatment for dry eye?
Yes (2) No (0) Uncertain (1)
2. Do you ever experience any of the following symptoms? (Please underline those that apply to you)
 1. soreness (1) 2. scratchiness (1) 3. dryness (1) 4. grittiness (1)
 5. burning (1)
3. How often do your eyes have these symptoms? (Underline)
Never (0) Sometimes (1) Often (2) Constantly (3)
4. Do you regard your eyes as being unusually sensitive to cigarette smoke, smog, air conditioning, central heating?
Yes (2) No (0) Sometimes (1)
5. Do your eyes easily become very red and irritated when swimming in chlorinated fresh water?
Not applicable Yes (2) No (0) Sometimes (1)
6. Are your eyes dry and irritated the day after drinking alcohol?
Not applicable Yes (2) No (0) Sometimes (1)
7. Do you take (please underline) antihistamine tablets (1), antihistamine eye drops(1), diuretics (fluid tablets) (1), sleeping tablets (1), tranquilizers (1), oral contraceptives (1), medication for duodenal ulcer (1) or digestive problems (1) or for high blood pressure (1) or _____ (1)
8. Do you suffer from arthritis?
Yes (2) No (0) Uncertain (1)
9. Do you experience dryness of the nose, mouth, throat, chest or vagina?
Never (0) Sometimes (1) Often (2) Constantly (3)
10. Do you suffer from thyroid abnormality?
Yes (2) No (0) Uncertain (1)
11. Are you know to sleep with your eyes partly open?
Yes (2) No (0) Uncertain (1)
12. Do you have eye irritation as you wake from sleep?
Yes (2) No (0) Uncertain (1)