

# THE MCMONNIES QUESTIONNAIRE: INSTRUCTIONS FOR USE

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**Purpose:** This test is used as a screening tool to diagnose the presence or absence of dry eye disease.

**Version of test:** V2 (1987). This version is superior to V1 (1986) in its ability to identify marginal dry eye.

**How to conduct:** The questionnaire is self-administered and contains 14 items for the patient to respond to. The weighted values for questions are as follows:

- **Previous treatment of dry eye:** yes=2, no=0, uncertain=1
- **Experience of symptoms:** the presence of each symptom=1
- **Frequency of symptoms:** never=0, sometimes=1, often=2, constantly=3
- **Unusual sensitivity of the eyes:** yes=2, no=0, sometimes=1
- **Swimming irritation of the eyes:** yes=2, no=0, sometimes=1
- **Alcohol use:** yes=2, no=0, sometimes=1
- **Medication side effects:** each medication=1
- **Arthritis:** yes=2, no=0, uncertain=1
- **Mucous membrane dryness:** never=0, sometimes=1, often=2, constantly=3
- **Thyroid abnormality:** yes=2, no=0, uncertain=1
- **Nocturnal lagophthalmos:** yes=2, no=0, uncertain=1
- **Waking irritation:** yes=2, no=0, uncertain=1

**Scoring techniques:** Some practitioners choose to use the scoring system above, while others may prefer to use the answers directly in their clinical decision making.

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

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

**Currently wearing:** (1) no contact lenses   (2) hard contact lenses   (3) 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.)

soreness (1)   scratchiness (1)   dryness (1)   grittiness (1)   burning (1)

**3. How often do your eyes have these symptoms?**

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 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. Please underline those that you take:**

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 known to sleep with your eyes partially open?**

Yes (2)   No (0)   Uncertain (1)

**12. Do you have eye irritation when you wake up after sleeping?**

Yes (2)   No (0)   Uncertain (1)