

# Lac-Q - The Lacrimal Symptom Questionnaire

Name:

Number:

Date:

## Social and lifestyle impact of tear duct problem

Which of these five statements is true about the tear duct problem overall in the last eight weeks?

Please tick the box next to any true statement.

• Friends or family have commented about the watery eye problem.

• The watery eye problem has caused embarrassment in company.

• The watery / sticky eye problem has interfered with everyday activity, for example (underline each that applies):  
 Reading .. Driving .. Wearing make-up  
 Wearing glasses .. Hobbies   
 Other activity (specify):

• The vision is sometimes blurred because of the watery / sticky eye problem.

• Medical attendance: visit to the family doctor's surgery, or the hospital eye clinic, because of tear duct problem.

(Scoring: score one point for each box ticked, maximum score =5)

**Total score for social impact:**

## Problems with each eye separately

For each of the four problems (watery eye, pain, sticky eye or swelling), put a tick in the box next to the statement which best describes the situation over the last eight weeks.

Use the left hand column for the left eye, and the right hand column for the right eye.

### • Watery eye

No watery eye problem

The eye waters occasionally, mainly outdoors

Troublesome watering of the eye, indoors and outdoors, some days

Troublesome watering of the eye most days

Troublesome watering of the eye every day

**Left    Right**

<input type="checkbox"/>	0	<input type="checkbox"/>
<input type="checkbox"/>	1	<input type="checkbox"/>
<input type="checkbox"/>	2	<input type="checkbox"/>
<input type="checkbox"/>	3	<input type="checkbox"/>
<input type="checkbox"/>	4	<input type="checkbox"/>

### • Pain in or around the eye; soreness of eyelids

No pain

Some pain or soreness, but has not sought medical advice or treatment

Pain or soreness, has used prescription eyedrops

Painful and swollen (lacrimal abscess), requiring antibiotics or surgical drainage

<input type="checkbox"/>	0	<input type="checkbox"/>
<input type="checkbox"/>	1	<input type="checkbox"/>
<input type="checkbox"/>	2	<input type="checkbox"/>
<input type="checkbox"/>	4	<input type="checkbox"/>

### • Sticky eye

No problem with sticky eye

The eye is sometimes sticky in the mornings

The eye is sticky every day in the mornings

The eye has sticky or mucous discharge throughout the day

There is infected discharge leaking through the skin of the lower eyelid (fistula)

<input type="checkbox"/>	0	<input type="checkbox"/>
<input type="checkbox"/>	1	<input type="checkbox"/>
<input type="checkbox"/>	2	<input type="checkbox"/>
<input type="checkbox"/>	3	<input type="checkbox"/>
<input type="checkbox"/>	4	<input type="checkbox"/>

### • Swelling or lump at the medial canthus (mucocoele)

No swelling or lump

Swelling present, but only intermittently

Swelling present all the time

<input type="checkbox"/>	0	<input type="checkbox"/>
<input type="checkbox"/>	1	<input type="checkbox"/>
<input type="checkbox"/>	2	<input type="checkbox"/>

(Scoring: use numbers in central column)

**Total scores for each eye:**

<input type="checkbox"/>	<input type="checkbox"/>
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**Lac-Q score (sum of three total scores):**