

Ocular Surface Questionnaire

Patient Name:	
Date:	

Demographic Information:

Female? Pregnant or Nursing? Over age 40? A Tobacco user? Traveling in airplanes r Routinely using a ceilin Drinking more than 3 c	Using a computer more Reading for more than A contact lens wearer? than twice per month? Fan in your bedroom? Feinated (coffee, tea or colas)	1 hour per day?	□ hrs □ □
Approximately how many glass Less than 3 3 or more 	of water do you drink per da	y ?	
Approximately how many servin Less than 3 3 or more	s of fish do you eat per week	?	
How many medications (differe Less than 3 3 or more	pills) do you currently take?		
Do you currently take any of th Birth control pills Beta blockers Diuretics (LASIX)	Antihistamines Anti-depressants)
Glaucoma drops Allergy drops		that apply)	
	Female? Image: Constraint of Nursing? Pregnant or Nursing? Image: Constraint of Nursing? Over age 40? Image: Constraint of Nursing? A Tobacco user? Image: Constraint of Nursing? Traveling in airplanes mone Routinely using a ceiling for Drinking more than 3 caff Getting less than 3 Getting less than 7 hours Approximately how many glasses Image: Less than 3 3 or more Image: Less than 3 How many medications (different Image: Less than 3 S or more Image: Less than 3 Do you currently take any of the following end blockers Image: Diage: Constraint of the following end blockers Do you use any of the following end Glaucoma drops Image: Constraint of the following end clausers Allergy drops Image: Constraint of the following end clausers	Pregnant or Nursing? Reading for more than Over age 40? A contact lens wearer? A Tobacco user? Image: Contact lens wearer? Traveling in airplanes more than twice per month? Routinely using a ceiling fan in your bedroom? Drinking more than 3 caffeinated (coffee, tea or colas) Getting less than 7 hours of sleep per night in an avera Approximately how many glasses of water do you drink per day Less than 3 3 or more Approximately how many servings of fish do you eat per week Less than 3 3 or more How many medications (different pills) do you currently take? Less than 3 3 or more Do you currently take any of the following medications? (Please Birth control pills Antihistamines Beta blockers Anti-depressants Diuretics (LASIX) Do you use any of the following eye drops? (Please check all Glaucoma drops Allergy drops Antilergy drops	Female? Using a computer more than 1 hour a day? Pregnant or Nursing? Reading for more than 1 hour per day? Over age 40? A contact lens wearer? A Tobacco user? Traveling in airplanes more than twice per month? Routinely using a ceiling fan in your bedroom? Drinking more than 3 caffeinated (coffee, tea or colas) drinks per day? Drinking more than 3 caffeinated (coffee, tea or colas) drinks per day? Drinking more than 3 caffeinated (coffee, tea or colas) drinks per day? Approximately how many glasses of water do you drink per day? Approximately how many glasses of water do you eat per week? Less than 3 3 or more Approximately how many servings of fish do you eat per week? Less than 3 3 or more How many medications (different pills) do you currently take? Less than 3 3 or more Do you currently take any of the following medications? (Please check all that apply) Birth control pills Antihistamines Beta blockers Anti-depressants Di you use any of the following eye drops? (Please check all that apply) Glaucoma drops Allergy drops

Symptoms:

1. Over the past week, which of the following ocular symptoms have you experienced? (Please check all that apply)

Stinging	□ Tearing	 Ocular Discomfort (aching) 	Grittiness	Itching
 Decreased contact lens wearing time 	Burning	Dryness	Redness	□ Glare
Light Sensitivity	Occasional blurred vision	Dry Mouth	Night driving problems	

Systemic Disease:

Which of the following conditions have you been diagnosed with? (Please check all that apply)

Thyroid disease	□ Arthritis	Diabetes		Acne Rosacea					
Sleep disorders	□ Sarcoid	 Facial Herpes Zoster (Shingles) 	□ MS						
Other Questions: Do you notice mattering on your eyelids when you wake in the morning? Yes No Are your eyelids swollen or red along the lash margins? Yes No Do you have a significant amount of crusting on your eyelids? Yes No Does your vision fluctuate from clear to blurry throughout the day? Yes No (including after reading, watching TV, computer or driving) If yes, what is the Brand Name?									
 If yes, how long does the relief last after you instill a drop of artificial tears? Less than 15 minutes Less than 1 hour More than 1 hour 									
 If yes, typically how many artificial tear drops do you use per day? 3 or less 4 or more 									
	Keith War	n, O.D., Jay Mashouf, O.D.							