Ocular Surface Disease Questionnaire

LANDES EYE ASSOCIATES

Have you ever had:

- ____ Eye redness
- ____ Burning, stinging
- ____ Gritty or sandy sensation
- ____ Foreign body sensation
- ____ Itching of the eyes and/or eyelids
- ____ Excessive tearing with tears that don't lubricate
- ____ Mucous discharge
- ____ Difficulty opening your eyes in the morning
- ____ Crusting, mattering in the eyelashes
- ____ Painful blinking
- ____ Looking down makes eyes feel worse
- _____ Recurrent bleeding in the white part of your eye
- _____ Little to no improvement with artificial tears
- ____ Eyes feel as bad in the morning as later in the day
- ____ Looking up makes eyes feel worse
- ____ Eyes feel worse at the end of the day
- ____ Must close eyes to rest them
- ____ Eyelid redness
- _____ Blepharitis red, itchy, swollen eyelids
- ____ Styes
- ____ Glare/halos
- ____ Sensitivity to light
- ____ Sensitivity to wind
- ____ Discomfort in contact lenses
- ____ Fluctuating vision
- ____ Eye strain or fatigue, especially with prolonged reading, computer, or tv use
- ____ Vision that gets worse the longer you read, work on the computer, or watch tv
- ____ Eye surgery
- ____ Eyelid surgery
- ____ Permanent eyeliner
- _____ Lash extensions, false lashes, lash perming or tinting
- ____ Eyelash serums or enhancers

Do you have:

- ____ Arthritis, bone/joint aches
- ____ Rheumatoid arthritis
- ____ Scleroderma
- ____Granulomatosis with Polyangiitis/Wegener's
- ____ Lupus
- ____ Other connective tissue disease
- ____ Autoimmune disease
- ____ Fibromyalgia
- ____ Fatigue
- ____ Dry mouth
- ____ Sjogren's Syndrome
- ____ Androgen deficiency

- ____ Stem cell transplant
- ____ Diabetes
- ____ Facial redness
- ____ Rosacea
- ____ Thyroid disorder
- ____ Environmental/seasonal allergies
- ____ Sarcoidosis
- ____ Acne
- ____ Snoring
- Obstructive sleep apnea

Do you take:

- ____ Artificial tears Brand: _____
 - How many times a day? ____
 - Do they provide any relief, even if only temporary?
 - ____Yes ____No
- ____ Redness reducing eye drops
- ____ Estrogen replacement
- ____ Antiandrogen medication
- ____ Allergy medication
- Antihistamine
- ____ Antidepressant
- ____ Antianxiety
- ____ Accutane (isotretinoin)
- ____ Blood pressure medication betablockers, diuretics
- ____ Medication for heart arrythmia
- ____ Medication for Parkinson's
- ____ Antipsychotic
- ____ Medication for overactive bladder, Antispasmodic
- ____ Decongestant
- ____ Muscle relaxant
- ____ Medication for vertigo or motion sickness
- ____ Chronic pain medication
- _____ Retinoids or Retinol in anti-aging facial or undereye cream
- ____ Botox injection
- ____ Oral contraceptive

Do you:

- ____ Wear contact lenses
- ____ Smoke
- ____ Sleep with a ceiling fan on
- Have direct exposure to dry air from vents home, work, or car
- ____ Wear a CPAP
- ____ Drink less than 6-8 glasses (48-64 oz) of water a day
- ____ Drink more than 2 cups of coffee a day
- ____ Heavy reading or computer use
- ____ Go to bed without removing your eye make-up