

Pre-Surgical
Eyelid and Brow
Questionnaire

Patient Name _____ Chart Number _____ Eyelids: Both RT LT Upper Lower

<u>VISUAL FUNCTIONING</u>	<u>Yes</u>	<u>No</u>
<i>Do you have difficulty with the following activities due to your EYELIDS, EYEBROWS or EYELASHES?</i>		
1. Driving?		
2. Reading?		
3. Computer?		
4. Difficulty getting eyeglasses to fit?		
5. Are other activities an issue? (Please list those related to eyelids, brow, or lashes):		
a. _____		
b. _____		
c. _____		
d. _____		

<u>SYMPTOMS</u>	<u>YES</u>	<u>NO</u>
<i>Have you been bothered by:</i>		
1. Eyelids or eyelid skin blocking your vision?		
a. All the time?		
b. Only when looking up?		
2. Eyelashes in your vision?		
3. Drooping brow?		
4. Does fatigue cause any of the above to worsen?		
5. Does eyelid skin seem more irritated because of any of the above?		
6. Do you have to tip your head to see better?		

7. Brow or forehead ache?		
8. Uncontrollable eyelid or brow spasm?		
9. Is one SIDE or EYE worse than the other?		
If so, which side is worse? _____	RT	LT
How long have the any of these problems been an issue for you? (Circle 1 below)		
Less than 6 months 6 months to a year More than a year		

Eyelid or eyebrow surgery can almost always be safely postponed. If the only way to improve your symptoms is to have surgery, do you feel your problem is bad enough to consider this type of surgery now?

YES **NO**

Patient Signature _____

Date _____

Witness _____

Date _____