

DROOPY EYELID / EYEBROW QUESTIONNAIRE

Patient Name _____ DOB _____

Visual Function

Do you have difficulty with any of the following due to your eyelids, eyebrows or eyelashes?

- Driving
 - Reading
 - Computer use
 - Getting eyeglasses to fit properly
 - Other activity / hobby is difficult. Please describe below:
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Symptoms

Please indicate if you have been bothered by any of the following:

- Yes No - Do your upper eyelids or upper eyelid skin block your vision?
- Yes No - Can you see eyelashes in your vision?
- Yes No - Are you bothered by drooping brow?
- Yes No - Does fatigue cause any of the above to worsen?
- Yes No - Does your eyelid skin get irritated to the point that it gets scaly, cracks, or bleeds?
- Yes No - Do you have to tip your head back or chin up to see better?
- Yes No - Does your brow or forehead ache?
- Yes No - When reading, does either eye close on its own?
- Yes No - Is one side or eye worse than the other? Right Left

How long have any of these symptoms been an issue for you?

- Less than 6 months 6 months to 1 year More than 1 year

Eyelid and eyebrow surgery can usually 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 surgery now?

- Yes No

Patient Signature _____

Date _____

Witness Signature _____

Date _____