

This checklist does not need to be filled out unless you are a patient with droopy eyelids or eyebrows.



Name _____ Date _____

DROOPY EYELID / EYEBROW QUESTIONNAIRE

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:

Symptoms

Please indicate if you have been bothered by any of the following: (Circle yes or 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? Yes / No

How long have any of these symptoms been an issue for you? (Circle one)

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 _____