1. “I am going to go through some medical conditions and ask you about whether you have ever been diagnosed with that condition”. Read each of the following conditions aloud to the patient and indicate yes or no to each one.

**Have you EVER been told by a doctor or other health professional that you have any of the following conditions or have you had the following procedures?”**

**No Yes**

a. Atrial Fibrillation **(aeatrial)** 0 1

b. Hemophilia, thrombocytopenia or other bleeding issues **(mhhemop)** 0 1

c. Liver disease **(mhliver)** 0 1

d. Ocular herpetic keratitis **(mhherk)** 0 1

e. Uncontrolled ocular or systemic disease **(mhunoc)** 0 1

f. Allergy to fish or olive oil **(mhallf)** 0 1

g. LASIK surgery or any other corneal surgery **(mhlasik)** 0 1

Patient is ineligible but continue with the ocular examination!

h. Surgery for glaucoma **(opsugl)** 0 1l

**No Yes**

1. “Have you had ocular surgery (including cataract surgery) within the last 6 months? **(opsurge)** 0 1
2. Are you currently taking an anti-coagulant such as 0 1

Warfarin, Coumadin, Jantoven, Marevan, Uniwarfin

Heparin or Warf? **(cmantc)**

Are you currently taking medication for glaucoma? **(cmglauc)**

0 1

”Have you ever worn contact lenses?” **(opcont)**

1. “Do you still wear contact lenses?” **(opconow)**

( )0 No1. “Has it been at least 30 days since you last wore contact lenses?” **(opco30)**

( )0 No (ineligible, but continue with item 6)

( )1 Yes (ask item 5b)

( )1 Yes (ineligible, but continue with item 6)

1. “Can you commit to not wear contact lenses for 1 year?” **(opco1y)**

( )0 No (ineligible, but continue with item 6)

( )1 Yes (continue with item 6)

( )0 No

( )1 Yes

“**Have you EVER been told by a doctor or other health professional that you have any of the following OCULAR conditions?”**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Right Eye** | | **Left Eye** | | | | |
|  | | **No** | **Yes** | **No** | | **Yes** | | |
| 6. Glaucoma **(mhglrt) (mhgllt)** | | 0 | 1 | 0 | | 1 | | |
| 7. Diabetic Retinopathy/  Diabetic Macular Edema  **(mhdrrt) (mhdrle)** | | 0 | 1 | 0 | | 1 | | |
|  | **Right Eye** | | | **Left Eye** | | | | | |
|  | **A. No Hx** | **B. Pseudophakic**  **/Aphakic** | **C. On-going** | **A. No Hx** | **B. Pseudophakic**  **/Aphakic** | | | **C. On-going** | |
| 8. Cataracts  **(mhcatrt) (mhcatle)** | 1 | 2 | 3 | 1 | 2 | | | 3 | |
|  | **Right Eye** | | | **Left Eye** | | | | | |
|  | **A. No Hx** | **B. Past History** | **C. On-going** | **A. No Hx** | **B. Past History** | | **C. On-going** | | |
| 9. Other **(mhocothrt) (mhocothle)** | 1 | 2 | 3 | 1 | 2 | | 3 | | |
|  | a. Specify, Right Eye: **(mhocotsrt)** | | | b. Specify, Left Eye: **(mhocotsle)** | | | | | |

**“I am going to ask you a series of questions about your medical history in the past two years. I am going to go through various body systems and ask you about some problems related to that area.**

**Within the past two years, have you been told by a doctor or other health professional that you have any of the following problems?”**

| **SYSTEM** | **DIAGNOSIS** | **HISTORY** | | |
| --- | --- | --- | --- | --- |
|  |  | A. No Hx | B. Past Hx | C. On-going |
| 1. ENDOCRINE    | * 1. Sjogren’s Syndrome **(mhsjog)**   2. Thyroid dysfunction **(mhthyr)**   3. Diabetes **(mhdiab)**   4. Rheumatoid arthritis **(mhrheu)**  |  | | --- | | Other (specify) **(mhendo)** | | **(mhenos)** |  * 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  1  1  1  1 | 2  2  2  2  2 | 3  3  3  3  3 |
|    1. SKIN | * 1. Dryness **(mhdry)**   2. Pruritus (itchiness) **(mhprur)**   3. Lesion **(mhles)**   4. Rashes **(mhrash)**   5. Basal Cell Carcinoma **(mhbcc)**  |  | | --- | | Other (specify) **(mhskoth)** | | **(mhskots)** |  * 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  1  1  1  1  1 | 2  2  2  2  2  2 | 3  3  3  3  3  3 |
| 1. EARS/NOSE/   THROAT   | * 1. Hard of hearing **(mhhear)**   2. Ringing in Ears **(mhring)**   3. Allergies/Congestion **(mhallc)**   4. Difficulty Swallowing **(mhswal)**   5. Hoarseness/Sore Throat **(mhhoar)**   6. Sinus Pain **(mhsinus)**   7. Nasal Obstruction **(mhnaso)**  |  | | --- | | Other (specify) **(mhentoth)** | | **(mhento)** |  * 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  1  1  1  1  1  1  1 | 2  2  2  2  2  2  2  2 | 3  3  3  3  3  3  3  3 |
| 1. RESPIRATORY    | * 1. Pneumonia **(mhpneu)**   2. Asthma **(mhasthma)**   3. Cough/Wheeze **(mhcough)**   4. Tuberculosis or coughing blood **(mhtb)**   5. Emphysema **(mhemph)**  |  |  | | --- | --- | | Other (specify) **(mhresoth)** | | | **(mhrespo)** |  * 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  1  1  1  1  1 | 2  2  2  2  2  2 | 3  3  3  3  3  3 |
| 1. CARDIOVASCULAR    | * 1. Palpitations **(mhpalp)**   2. Angina/Chest Pain/Discomfort **(mhangina)**   3. Shortness of Breath **(mhbreath)**   4. Hypertension (high blood pressure) **(mhhypert)**   5. Heart Murmur **(mhmurm)**   6. Problem with poor circulation to feet/legs **(mhcirc)**  |  |  | | --- | --- | | Other (specify) **(mhcoth)** | | | **(mhcots)** |  * 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  1  1  1  1  1  1 | 2  2  2  2  2  2  2 | 3  3  3  3  3  3  3 |
| 1. Gastrointestinal | * 1. Acid Reflux **(mhacid)**   2. Ulcer **(mhulc)**   3. Irritable Bowel **(mhirrb)**   4. Diverticulitis **(mhdiver)**   5. Crohn’s Disease **(mhcroh)**  |  | | --- | | Other (specify) **(mhgasoth)** | | **(mhgaso)** |  * 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  1  1  1  1  1 | 2  2  2  2  2  2 | 3  3  3  3  3  3 |
| 1. GENITOURINARY    | * 1. Kidney stones **(mhkids)**   2. Kidney disease **(mhkidd)**   3. Hernia **(mhhern)**   4. Nocturia (frequent urination at night) **(mhnoct)**   5. Urinary Tract Infection **(mhuti)**   6. Prostatitis/BPH (enlarged prostate) **(mhbph)**   7. Hysterectomy **(mhhyst)**  |  | | --- | | Other (specify) **(mhgenoth)** | | **(mhgeno)** |  * 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  1  1  1  1  1  1  1 | 2  2  2  2  2  2  2  2 | 3  3  3  3  3  3  3  3 |
| 1. NEUROLOGICAL    | * 1. Memory loss **(mhmeml)**   2. Headache **(mhheadache)**   3. Sensory/motor disturbance **(mhsens)**   4. Sleep disturbance **(mhsleep)**   5. Fainting **(mhfain)**   6. Seizures **(mhseiz)**  |  | | --- | | Other (specify) **(mhoneur)** | | **(mhons)** |  * 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  1  1  1  1  1  1 | 2  2  2  2  2  2  2 | 3  3  3  3  3  3  3 |
| 1. MUSCULOSKELETAL    | * 1. Fractures/Dislocations **(mhfrac)**   2. Osteoarthritis **(mhosteo)**   3. Gout **(mhgout)**   4. Muscle/Joint pain **(mhmusc)**  |  | | --- | | Other (specify) **(mhmsot)** | | **(mhmuso)** |  * 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  1  1  1  1   | 2  2  2  2  2 | 3  3  3  3  3 |
| 1. PERIPHERAL VASCULAR    | * 1. Edema (swelling caused by fluid) **(mhedema)**   2. Phlebitis (blood clots) **(mhphleb)**  |  |  | | --- | --- | | Other (specify) **(mhvascoth)** | | | **(mhvascots)** |  * 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  1  1   | 2  2  2 | 3  3  3 |
| 1. HEMATOLOGIC    | * 1. Anemia (low level of iron) **(mhanemia)**   2. Thrombocytopenia (low platelet count) **(mhthtomb)**   3. High platelet count **(mhplat)**  |  |  | | --- | --- | | Other (specify) **(mhhemat)** | | | **(mhhems)** |  * 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  1  1  1 | 2  2  2  2 | 3  3  3  3 |
| 1. METABOLIC    | * 1. Hypercholesterolemia (high cholesterol) **(mhhych)**   2. Hypertriglyceridemia (excess fatty acids in   the blood) **(mhhygl)**   |  |  | | --- | --- | | Other: (specify) **(mhmeboth)** | | | **(mhmebots)** |  * 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  1    1 | 2  2  2 | 3  3  3 |
| 1. PSYCHOLOGICAL    | * 1. Depression **(mhdepc)**   2. Bipolar **(mhbipolar)**  |  | | --- | | Other: (Specify) **(mhpsyoth)** | | **(mhpsyo)** |  * 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1  1  1 | 2  2  2 | 3  3  3 |

1. Have you ever taken any systemic medications known to cause ocular dryness, such as isotretinoin (Accutane) or anti-depressants?

**(cmconew)**

( )0 No

“Do you still take any of these systemic medications?” **(cmcrtnew)**

( )0 No“Has it been at least 30 days since you last took these drugs?” **(cmco30new)**

( )0 No (ineligible, but continue to item 24)

( )1 Yes (ask item 23b)

( )1 Yes “Have you been taking these medications for at least 30 days?” **(cmn30new)**

( )0 No (ineligible, but continue to item 24)

( )1 Yes (ask item 23b)

“Can you commit to keep taking (or not taking) these medications for 1 year as you do now?” **(cmco1ynew)**

( )0 No (ineligible, but continue with item 24)

( )1 Yes (continue with item 24)

( )1 Yes

1. Have you ever taken systemic corticosteroids or other immunosuppressive agents?

“Do you still take corticosteroids or other immunosuppressive agents?” **(cmcortnow)**

( )0 No“Has it been at least 30 days since you last took these drugs?” **(cmcort30)**

( )0 No (ineligible, but continue to item 25)

( )1 Yes (ask item 24b)

( )1 Yes “Have you been taking these medications for at least 90 days?” **(cmcort90)**

( )0 No (ineligible, but continue to item 25)

( )1 Yes (ask item 24b)

“Can you commit to keep taking (or not taking) these medications for 1 year as you do now?” **(cmcort1y)**

( )0 No (ineligible, but continue with item 25)

( )1 Yes (continue with item 25)

**(cmcort)**

( )0 No

( )1 Yes

25. Have you used antihistamine eye drops within the past 14 days? **( mhanth)**

( )0 No

Patient is Ineligible.

( )1 Yes

26. Last name and certification number of person who completed this form

a. PRINT last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(qclname)**

b. Certification #: \_\_\_ \_\_\_ \_\_\_ \_\_\_ **(qcconcert)**

27. Date Form Completed

\_\_ \_\_ / \_\_ \_\_ / **2** **0 1** \_\_ **(qccompdtc)**

Month Day Year

Archived question 23 (version 04/24/2014)

Have you ever taken any systemic medications known to cause ocular dryness, such as isotretinoin (Accutane), anti-depressants, anti-depressants?

**(cmocdry)**

( )0 No

“Do you still take any of these systemic medications?” **(cmsysnow)**

( )0 No“Has it been at least 30 days since you last took these drugs?” **(cmsys30)**

( )0 No (ineligible, but continue to item 24)

( )1 Yes (ask item 23b)

( )1 Yes “Have you been taking these medications for at least 30 days?” **(cmmed30)**

( )0 No (ineligible, but continue to item 24)

( )1 Yes (ask item 23b)

“Can you commit to keep taking (or not taking) these medications for 1 year as you do now?” **(cmsys1y)**

( )0 No (ineligible, but continue with item 24)

( )1 Yes (continue with item 24)

( )1 Yes