



WORKSHEET: COMMON QUESTIONS ASK AT AN EYE EXAM

Please fill out before the exam and write any additional questions you may have on the back

- 1) What is your problem? _____
- 2) When did your problem begin? _____
- 3) How suddenly did it begin? _____
- 4) Has the problem worsened, improved, or remained unchanged? _____
- 5) Does it affect one eye or both? _____ If one is Right or Left eye _____
- 6) Have you recently had surgery or a procedure? Yes/No
 - a. Type and date of surgery/procedure

- 7) Has your vision changed? Yes/No
- 8) Loss of vision? Yes/No
 - a. If yes is it Constant or Intermittent? _____
- 9) Any Change in vision? Yes/No
 - a. Double vision? Yes/No
 - b. Distorted vision? Yes/No
 - c. Fading vision? Yes/No
- 10) Eye pain? Yes/No
 - a. If yes, Location of pain? _____
 - b. description? _____
 - c. intensity? _____

- d. Has the pain worsened, improved, or remained unchanged? _____
- e. Did nausea and vomiting accompany the pain? Yes/No
- f. Is there any other type of pain? Yes/No If yes, describe:

- g. Headache? Yes/No
- h. Facial pain? Yes/No
- i. Jaw pain or ache? Yes/No

11) Are your eyes red? Yes/No

- a. Has redness worsened, improved, or remained unchanged?

12) Discharge from the eye? Yes/No

If yes, describe:

- a. Eyelids stick together? Yes/No

13) Any burn/injury to the eye, forehead, or face? _____

- a. Eye socket damaged? Yes/No
- b. Pain? Yes/No
- c. Vision loss? Yes/No
- d. Describe how burn/injury occurred:
