



Contributing Factors to Meibomian Gland Dysfunction (MGD)

1. How long have you had symptoms? _____

2. Do you use drops and/or ointment? **Yes** **No** (Circle) If yes, which drops and/or ointment do you use?

3. Do you experience blurred or fluctuating vision? **Yes** **No** (Circle)

4. Do you wear Contact Lenses? **Yes** **No** (Circle) How many hours can you wear comfortably? _____
 - Do you experience dry eye symptoms when you are not wearing your contact lenses? **Yes** **No** (Circle)

5. Do you experience any of the following signs or symptoms? (Circle all that apply)
 - Dry Mouth
 - Fatigue/Body Aches
 - GI Distress
 - Muscle weakness or numbness of your arms and legs
 - Inability to Concentrate
 - N/A

6. Have you or a family member ever been diagnosed with an autoimmune disease such as Lupus, Rheumatoid Arthritis, Sjogren's or other associated Autoimmune Disease? **Yes** **No** (Circle)

7. Ocular Medications: Please check all that apply
 - Glaucoma Drops
 - Allergy Drops
 - Restasis
 - Xiidra
 - Lotemax
 - Pred Forte
 - FML
 - Autologous Serum Tears
 - N/A

8. Have you ever been diagnosed with any of the following conditions?
 - Thyroid Disease
 - Diabetes
 - Sleep Disorders
 - Rosacea
 - Seborrhea Dermatitis
 - High Blood Pressure
 - Arthritis
 - Depression
 - Acne
 - Psoriasis
 - Multiple Sclerosis
 - Facial Herpes Zoster (Shingles)
 - Scleroderma
 - Stevens-Johnson Syndrome
 - N/A

9. Occupation: _____

- Air Travel more than twice per month
- Computer use more than 4 hours per day

10. Special Considerations: Please check all that apply

- Routinely use ceiling fan in bedroom
- Eye Surgery: Lasik or PRK: **Yes No** When:_____ Cataract Surgery: **Yes No**
When:_____
- Other Eye Surgery: What type_____ When:_____
- Smoke
- Alcohol Use? How Often_____
- Allergies

11. Do you take an Omega-3? Yes No If yes what brand_____

12. Facial Cosmetic Procedures: Yes No If Yes What procedure? _____When? _____

13. Do you get Botox Injections Yes No

14. Do you use a C-Pap Machine Yes No

15. Have you ever taken Accutane: Yes No

16. Do your eyes bother you upon awakening or at night? Yes No