 Do you sleep in your contacts lenses? If you are not wearing your contact lenses right now, when was the last time the lenses were work. Is there any discharge present? If so, how would you describe the describe the discharge? Watery, Purulent (thick/white), Ropy (stringy), Crustiness, Eyelids shut in the morning, others? Do you have any of the following symptoms? Pain, unusual light sensitivity, blurred vision, diffused redne localized redness, itching, or burning? Have you had any recent cold or illnesses? What medications, if any, have you already used for this condition? 	Stein Optometric		
Patient Name: Date: 1. Which eye is involved? 2. When did this condition first occur? (onset) 3. Has this occurred before? 4. Do you wear contact lenses? • If so are they still being worn? • If so how often do you replace your contact lenses? • Do you sleep in your contacts lenses? • If you are not wearing your contact lenses right now, when was the last time the lenses were weare the end of the output of the describe the discharge? Watery, Purulent (thick/white), Ropy (stringy), Crustiness, Eyelids shut in the morning, others? 5. Is there any discharge present? • If so, how would you describe the discribe the discharge? Watery, Purulent (thick/white), Ropy (stringy), Crustiness, Eyelids shut in the morning, others? 6. Do you have any of the following symptoms? Pain, unusual light sensitivity, blurred vision, diffused red no localized redness, itching, or burning? 7. Have you had any recent cold or illnesses? 8. What medications, if any, have you already used for this condition? 9. Do you have allergies? If yes, to what? 10. Are you allergic to any medications? 11. Has there been any recent injury to the eye? If so where? 12. Have you been exposed to anyone with an eye infection? If so, who/where?			
 Which eye is involved? When did this condition first occur? (onset)	RED EYE QUESTIONNAIRE		
 2. When did this condition first occur? (onset)		Patient Name: Date:	
 3. Has this occurred before? 4. Do you wear contact lenses? If so are they still being worn? If so how often do you replace your contact lenses? Do you sleep in your contacts lenses? If you are not wearing your contact lenses right now, when was the last time the lenses were wor 5. Is there any discharge present? If so, how would you describe the describe the discharge? Watery, Purulent (thick/white), Ropy (stringy), Crustiness, Eyelids shut in the morning, others? 6. Do you have any of the following symptoms? Pain, unusual light sensitivity, blurred vision, diffused redn localized redness, itching, or burning? 7. Have you had any recent cold or illnesses? 8. What medications, if any, have you already used for this condition? 9. Do you have allergies? If yes, to what?	1. \	Which eye is involved?	
 4. Do you wear contact lenses? If so are they still being worn? If so how often do you replace your contact lenses? Do you sleep in your contacts lenses? If you are not wearing your contact lenses right now, when was the last time the lenses were work in the you are not wearing your contact lenses right now, when was the last time the lenses were work in the sense of the se			
 If so are they still being worn? If so how often do you replace your contact lenses? Do you sleep in your contacts lenses? If you are not wearing your contact lenses right now, when was the last time the lenses were work. Is there any discharge present? If so, how would you describe the describe the discharge? Watery, Purulent (thick/white), Ropy (stringy), Crustiness, Eyelids shut in the morning, others? Do you have any of the following symptoms? Pain, unusual light sensitivity, blurred vision, diffused redn localized redness, itching, or burning? Have you had any recent cold or illnesses? What medications, if any, have you already used for this condition? Do you have allergies? If yes, to what?	3. H	Has this occurred before?	
 If so how often do you replace your contact lenses? Do you sleep in your contacts lenses? If you are not wearing your contact lenses right now, when was the last time the lenses were weare you discharge present? Is there any discharge present? If so, how would you describe the describe the discharge? Watery, Purulent (thick/white), Ropy (stringy), Crustiness, Eyelids shut in the morning, others? Do you have any of the following symptoms? Pain, unusual light sensitivity, blurred vision, diffused redn localized redness, itching, or burning? Have you had any recent cold or illnesses? What medications, if any, have you already used for this condition? Do you have allergies? If yes, to what? Are you allergic to any medications? Other Has there been any recent injury to the eye? If so where? Have you been exposed to anyone with an eye infection? 	4. C	Do you wear contact lenses?	
 Do you sleep in your contacts lenses? If you are not wearing your contact lenses right now, when was the last time the lenses were work in the any discharge present? Is there any discharge present? If so, how would you describe the describe the discharge? Watery, Purulent (thick/white), Ropy (stringy), Crustiness, Eyelids shut in the morning, others? Do you have any of the following symptoms? Pain, unusual light sensitivity, blurred vision, diffused redn localized redness, itching, or burning? Have you had any recent cold or illnesses? What medications, if any, have you already used for this condition? Do you have allergies? If yes, to what?		 If so are they still being worn? 	
 If you are not wearing your contact lenses right now, when was the last time the lenses were weare and in the second se		 If so how often do you replace your contact lenses? 	
 5. Is there any discharge present? If so, how would you describe the describe the discharge? Watery, Purulent (thick/white), Ropy (stringy), Crustiness, Eyelids shut in the morning, others? 6. Do you have any of the following symptoms? Pain, unusual light sensitivity, blurred vision, diffused redn localized redness, itching, or burning? 7. Have you had any recent cold or illnesses? 8. What medications, if any, have you already used for this condition? 9. Do you have allergies? If yes, to what?		 Do you sleep in your contacts lenses? 	
 If so, how would you describe the describe the discharge? Watery, Purulent (thick/white), Ropy (stringy), Crustiness, Eyelids shut in the morning, others? Do you have any of the following symptoms? Pain, unusual light sensitivity, blurred vision, diffused redn localized redness, itching, or burning? Have you had any recent cold or illnesses? What medications, if any, have you already used for this condition? Do you have allergies? If yes, to what?		• If you are not wearing your contact lenses right now, when was the last time the lenses were worn?	
 (stringy), Crustiness, Eyelids shut in the morning, others? 6. Do you have any of the following symptoms? Pain, unusual light sensitivity, blurred vision, diffused redn localized redness, itching, or burning? 7. Have you had any recent cold or illnesses? 8. What medications, if any, have you already used for this condition? 9. Do you have allergies? If yes, to what?	5. I	s there any discharge present?	
 6. Do you have any of the following symptoms? Pain, unusual light sensitivity, blurred vision, diffused redn localized redness, itching, or burning? 7. Have you had any recent cold or illnesses? 8. What medications, if any, have you already used for this condition? 9. Do you have allergies? If yes, to what?		 If so, how would you describe the describe the discharge? Watery, Purulent (thick/white), Ropy 	
localized redness, itching, or burning? 7. Have you had any recent cold or illnesses? 8. What medications, if any, have you already used for this condition? 9. Do you have allergies? 10. Are you allergic to any medications? 10. Are you allergic to any medications? 11. Has there been any recent injury to the eye? If so where?		(stringy), Crustiness, Eyelids shut in the morning, others?	
 7. Have you had any recent cold or illnesses? 8. What medications, if any, have you already used for this condition? 9. Do you have allergies? If yes, to what?	6. C	Do you have any of the following symptoms? Pain, unusual light sensitivity, blurred vision, diffused redness,	
 8. What medications, if any, have you already used for this condition? 9. Do you have allergies? If yes, to what?		ocalized redness, itching, or burning?	
 9. Do you have allergies? If yes, to what?	7. H	lave you had any recent cold or illnesses?	
10. Are you allergic to any medications? Other			
 11. Has there been any recent injury to the eye? If so where?			
If so where?			
12. Have you been exposed to anyone with an eye infection? If so, who/where?			
If so, who/where?			
13. Are you pregnant?			
	13. /	are you pregnant?	