SurfaceSurvey™
An OSD Questionnaire

Date: _____

Patient Name or ID: _____ **Heathcare Provider:** _____

1. Have you had any topical drops in your eyes in the last 30 minutes? __Yes __No If yes, no further testing required.
2. Have you ever been diagnosed with dry eye disease? __Yes __No If yes, when? _____
3. Have you ever had punctal occlusion? __Yes __No
4. Have you experienced any of the following symptoms in the past 30 days?

__ Blurry vision or fluctuating vision
__ Light sensitivity
__ Foreign body sensation
__ Redness
__ Excessive tearing/watering eyes
__ Contact lens discomfort
__ Burning
__ Tired eyes/eye fatigue
__ Scratchy feeling of sand or grit in the eye
__ Itching
__ Stringy mucous in or around the eyes

5. Have you had any of the following surgeries?

__ Cataract
__ Refractive, including LASIK or PRK
__ Glaucoma

6. Do you use any of the following?

__ Contact lenses
__ Topical Rx drops for dry eye disease
__ Topical drops for glaucoma
__ Over-the counter drops (i.e. artificial tears)

7. Are you taking any of the following oral medications?

__ Antihistamines or decongestants
__ Oral corticosteroids
__ Antihypertensives (i.e. diuretic, beta-blocker)
__ Antidepressant or anti-anxiety
__ Accutane or other acne oral treatment
__ Hormone replacement therapy or estrogen

8. Are your symptoms related to the following environmental or workplace conditions?

__ Windy conditions
__ Areas that are air conditioned/heated
__ Prolonged or continuous computer use
__ Low humidity conditions (i.e. airplane, hospital, office)

9. Do you take any of the following immunosuppressive medications?

__ Topical azithromycin (i.e. Azasite)
__ Oral doxycycline
__ Oral steroids
__ Topical eye drops for allergy (i.e. anti-inflammatory antihistamines or steroids)
__ Oral supplements (i.e. flaxseed oil, fish oil)

Dry Eye History

If the patient answered “yes” to question 2 or 3 and/or checked any of the boxes related to questions 4 through 9, then the information provided in this form, in conjunction with other clinical data, raises the suspicion of ocular surface disease, and performing Tear-based Point-of-Care (T-POC) testing may be indicated.

I reviewed this form, and based on the information contained herein and other clinical data, I suspect that this patient has ocular surface disease. Therefore, performing Tear-based Point-of-Care testing such as for Total IgE, Lactoferrin, MMP-9, or osmolarity to determine the presence of reduced lactoferrin, elevated IgE, MMP-9 or osmolarity in tears is medically necessary for the diagnosis and management of this patient’s ocular problem(s).

Attending Clinician: _____ **Date:** _____

Derived from the SPEED and OSDI