

**Droopy Eyelid Questionnaire**

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| # | **DURATION OF SYMPTOMS** | **Response** |
| 1 | How long has your droopy eyelid(s) been bothering you? |  |
| 2 | Please check the most accurate response (**choose 1 only**) | [ ] My droopy eyelids bother me in terms of appearance only.[ ] My droopy eyelids significantly bother me functionally, interfering with my ability to do things that I enjoy or need to do.  |
| # | **ACTIVITIES OF DAILY LIVING** | **No** | **Yes** |
| 3 | Do your eyelids fatigue with effort to keep them up? | □ | □ |
| 4 | Do you raise your eyebrows to help raise the eyelids? | □ | □ |
| 5 | Do you have difficulty driving due to your droopy eyelids? | □ | □ |
| 6 | Do your lids feel heavy and are pushing your lashes down? | □ | □ |
| 7 | Do you tilt your head back to see, causing neck pain? | □ | □ |
| 8 | Do you feel that your eyelids block your peripheral vision? | □ | □ |
| 9 | Do your eyelids interfere with reading, watching TV, sewing, etc? | □ | □ |
| # | **OTHER QUESTIONS** | **No** | **Yes** |
| 10 | Have you had prior eyelid or eyebrow surgery? | □ | □ What/when |
| 11 | Have you ever tried Upneeq? | □ | □  |
| 12 | Do you currently receive botulinum toxin (Botox, Dysport, Xeomin) injections in the mid- | □ | □ Where injected in face: Last injection date:  |
| 13 | Do droopy eyelids run in your family? | □ | □ |
| 14 | Do you experience double vision? | □ | □ |
| 15 | Do you have trouble breathing or swallowing | □ | □ |
| 16 | Do you feel that your droopy eyelids significantly worsen towards the end of the day? | □ | □ |
| 17 | Have you noticed any changes in the size of your pupils? | □ | □ |