

**Lesion/Chalazion Questionnaire**

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| # | **HISTORY** | **Response** |
| 1 | How long has the eyelid lesion/bump/mass been bothering you for? |  |
| 2 | Please check the most accurate response (**choose 1 only**) | [ ] The lesion bothers me in terms of appearance only.[ ] The lesion interferes with my ability to do things, is constantly irritated, or has significantly grown recently. |
| 3 | Where is/are the lesion(s) approximately located? *Please note the location of right and left on the image (demonstrated as if Dr. Slentz is looking at you)* |  **RIGHT** **LEFT**See the source image |
| # | **LESION QUESTIONS** | **No** | **Yes** |
| 4 | Have you had prior surgery to address the lesion(s)? | □ | □ What/when: |
| 5 | Have you used any medications to treat the lesion(s)? | □ | □ Name of medication(s) |
| 6 | Do you have any history of skin cancer? | □ | □ What type / where: |
| 7 | Do you have any skin conditions such as rosacea, psoriasis, eczema, etc? | □ | □ |
| 8 | Does the lesion(s) bleed? | □ | □ |
| 9 | Does the lesion(s) itch? | □ | □ |
| 10 | Does the lesion(s) significantly grown recently? | □ | □ |
| 11 | Has the lesion(s) been biopsied before? | □ | □ |