



# Fast Assessment of ocular Surface Trouble

This form is a PDF interactive form. Hover over the blue areas to type in the information

## Demography and history

Date of the visit ..... / ..... / 20..... (mm/dd/yyyy)

Year of the glaucoma/OHT diagnosis

Current glaucoma treatment

Name

- Preserved  
 Preservative-free

## Risk factors

	No	Yes
Existing OSD unrelated to glaucoma (dry or allergic eye disease)		
Use of artificial tears or anti-allergic eyedrops		
History of glaucoma treatment stopped or changed due to eyedrop intolerance		
Surgery possibly planned in the future		
Number of preserved glaucoma medications used per day	<input type="checkbox"/> 0	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more

## Symptoms between instillations

	RIGHT EYE				LEFT EYE			
	No	Mild	Moderate	Severe	No	Mild	Moderate	Severe
Itching/Irritation								
Dry eye								
Burning								
Eyelid crusts or secretions								

## Ocular signs

	RIGHT EYE				LEFT EYE			
	No	Mild	Moderate	Severe	No	Mild	Moderate	Severe
Conjunctival hyperaemia (red eyes)								
Eyelid redness								

If FAST questionnaire highlights abnormal risk factors, symptoms or ocular signs (at least 1 pink cell must be checked), perform diagnostic tests for ocular surface disease.

Poster at World Glaucoma Congress 2017 - WGCSUB-1608

**FAST questionnaire:** A new simple and effective tool for fast assessment of ocular surface disease in all glaucoma patients. Christophe Baudouin (CHNO des 15-20, Paris, France), Alfonso Anton (Institut Català de Retina, Barcelona, Spain).