Please fill this form **only if** you HAVE EYE/FACIAL PAIN today or HAVE FILLED THIS FORM BEFORE

1. Please rate the overall severity of your pain today: (0= no pain, 10= worst pain ever)



*Figure 1. Pain Scale diagram, combining graphical faces, numeric values, and verbal descriptors*

2. On the diagram below, please shade the area where you have eye pain, and/or pain in the face and head region.

 

*Figure 2. Diagram to show location of eye pain or pain in the face or head.*

3. Do you have any longstanding pain elsewhere in your body? \_0. No \_1. Yes

3a. If yes, please state where:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL QUESTIONS REFER TO PAIN IN YOUR WORSE EYE**. Please mark the **level** of your **eye** pain for the following:

*Note: questions 4 – 11 are presented as images of a 0 to 10 number line. On the left, before 0, is a smiling face and the words No Pain. On the right, after 10, is a frowning face and the words Severe Pain. Above the line is the time frame. For example:*



*Figure 3. Image showing how questions 4 – 11 are graphically displayed.*

**EYE PAIN INTENSITY 24 HOURS**

**4.** Level of eye pain when it is **MOST** painful **in the past 24 hours**

\_ 0 \_ 1 \_ 2 \_ 3 \_ 4 \_ 5 \_ 6 \_ 7 \_ 8 \_ 9 \_ 10

0 = no pain 10 = severe pain

**5.** Level of eye pain when it is **LEAST** painful **in the past 24 hours**

\_ 0 \_ 1 \_ 2 \_ 3 \_ 4 \_ 5 \_ 6 \_ 7 \_ 8 \_ 9 \_ 10

0 = no pain 10 = severe pain

**6.** Level of eye pain on **AVERAGE in the past 24 hours**

\_ 0 \_ 1 \_ 2 \_ 3 \_ 4 \_ 5 \_ 6 \_ 7 \_ 8 \_ 9 \_ 10

0 = no pain 10 = severe pain

**EYE PAIN INTENSITY 2 WEEKS**

**7.** Level of eye pain when it is **MOST** painful **in the past 2 weeks**

\_ 0 \_ 1 \_ 2 \_ 3 \_ 4 \_ 5 \_ 6 \_ 7 \_ 8 \_ 9 \_ 10

0 = no pain 10 = severe pain

**8.** Level of eye pain when it is **LEAST** painful **in the past 2 weeks**

\_ 0 \_ 1 \_ 2 \_ 3 \_ 4 \_ 5 \_ 6 \_ 7 \_ 8 \_ 9 \_ 10

0 = no pain 10 = severe pain

**9.** Level of eye pain on **AVERAGE in the past 2 weeks**

\_ 0 \_ 1 \_ 2 \_ 3 \_ 4 \_ 5 \_ 6 \_ 7 \_ 8 \_ 9 \_ 10

0 = no pain 10 = severe pain

**NON-EYE PAIN**

Please mark the **level** of your **worst non-eye pain** (pain at temples, back of head, cheek area):

**10. in the past 24 hours**

\_ 0 \_ 1 \_ 2 \_ 3 \_ 4 \_ 5 \_ 6 \_ 7 \_ 8 \_ 9 \_ 10

0 = no pain 10 = severe pain

**11. in the past 2 weeks**

\_ 0 \_ 1 \_ 2 \_ 3 \_ 4 \_ 5 \_ 6 \_ 7 \_ 8 \_ 9 \_ 10

0 = no pain 10 = severe pain

12. Please mark the percentage of time you spend thinking about your **non-eye pain (face/head):**

Not at all \_0% \_10% \_20% \_30% \_40% \_50% \_60% \_70% \_80% \_90% \_ 100% All the time

**QUALITY OF LIFE (QOL)**

Please mark one number that describes how much your pain has interfered with/affected the following:

**13. Reading and/or Computer use**

Not at all \_0 \_1 \_2 \_3 \_4 \_5 \_6 \_7 \_8 \_9 \_ 10 Completely

\_ N/A

**14. Driving and/or Watching TV**

Not at all \_0 \_1 \_2 \_3 \_4 \_5 \_6 \_7 \_8 \_9 \_ 10 Completely

\_ N/A

**15. General activity (walking, doing house chores)**

Not at all \_0 \_1 \_2 \_3 \_4 \_5 \_6 \_7 \_8 \_9 \_ 10 Completely

\_ N/A

**16. Mood**

Not at all \_0 \_1 \_2 \_3 \_4 \_5 \_6 \_7 \_8 \_9 \_ 10 Completely

\_ N/A

**17. Sleep**

Not at all \_0 \_1 \_2 \_3 \_4 \_5 \_6 \_7 \_8 \_9 \_ 10 Completely

\_ N/A

**18. Enjoying life/Relations with other people**

Not at all \_0 \_1 \_2 \_3 \_4 \_5 \_6 \_7 \_8 \_9 \_ 10 Completely

\_ N/A

19. Please circle the percentage of time you spend thinking about your **eye pain**:

Not at all \_0% \_10% \_20% \_30% \_40% \_50% \_60% \_70% \_80% \_90% \_ 100% All the time

**AGGRAVATING FACTORS**

Please mark how much your **pain is increased** when exposed to:

**20. Wind, dry air, heat, air conditioning**

No change \_0% \_10% \_20% \_30% \_40% \_50% \_60% \_70% \_80% \_90% \_ 100% Severe increase

**21. Volatile chemicals (cleaning agents, fumes, cosmetic fragrances)**

No change \_0% \_10% \_20% \_30% \_40% \_50% \_60% \_70% \_80% \_90% \_ 100% Severe increase

**ASSOCIATED FACTORS**

Please mark **how often** your eye pain is accompanied by the following symptoms:

**22. Redness**

Never \_0% \_10% \_20% \_30% \_40% \_50% \_60% \_70% \_80% \_90% \_ 100% All the time

**23. Burning**

Never \_0% \_10% \_20% \_30% \_40% \_50% \_60% \_70% \_80% \_90% \_ 100% All the time

**24. Sensitivity to light**

Never \_0% \_10% \_20% \_30% \_40% \_50% \_60% \_70% \_80% \_90% \_ 100% All the time

**25. Tearing**

Never \_0% \_10% \_20% \_30% \_40% \_50% \_60% \_70% \_80% \_90% \_ 100% All the time

**SYMPTOM RELIEF**

Please mark **how much pain relief** you have experienced since the **last visit**:

**26. Eye pain**

No relief \_0% \_10% \_20% \_30% \_40% \_50% \_60% \_70% \_80% \_90% \_ 100% Complete relief

\_ N/A

**27. Non-eye pain (face/head)**

No relief \_0% \_10% \_20% \_30% \_40% \_50% \_60% \_70% \_80% \_90% \_ 100% Complete relief

\_ N/A

Notes:

SCORING: Calculate the mean of scores for each of the 7 categories above by dividing the sum of scores per box by the number of questions answered for that box. List each individual score below. \*Divide all percentage values (Qs. 19-27) by 10 (for example, 0% = 0, 50%= 5, 100%= 10) before calculating scores.

**Eye pain intensity 24 hrs** (Qs. 4-6): (sum of scores for Qs. 4-6 ÷ number of questions answered for Qs. 4-6)

**Eye pain intensity 2 weeks** (Qs. 7-9): (sum of scores for Qs. 7-9 ÷ number of questions answered for Qs. 7-9)

**Non-eye pain** (Qs. 10-12): (sum of scores for Qs. 10-12 ÷ number of questions answered for Qs. 10-12)

**Quality of Life (QOL)\*** (Qs. 13-19): (sum of scores for Qs. 13-19 ÷ number of questions answered for Qs. 13-19)

**Aggravating factors\*** (Qs. 20-21): (sum of scores for Qs. 20-21 ÷ number of questions answered for Qs. 20-21)

**Associated factors\*** (Qs. 22-25): (sum of scores for Qs. 22-25 ÷ number of questions answered for Qs. 22-25)

**Symptom relief\*** (Qs. 26-27): (sum of scores for Qs. 26-27 ÷ number of questions answered for Qs. 26-27)

Reference:

Qazi Y, Hurwitz S, Khan S, Jurkunas UV, Dana R, Hamrah P. Validity and Reliability of a Novel Ocular Pain Assessment Survey (OPAS) in Quantifying and Monitoring Corneal and Ocular Surface Pain. Ophthalmology. 2016;123(7):1458-1468. doi:10.1016/j.ophtha.2016.03.006