

Survey of eye symptoms during the COVID epidemic, in the Nashville metro area

Please complete the survey below.

Thank you!

Age group of affected person

- 18-20
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71-80
- 81+

Gender

- M
- F

Race

- White
- Black/African American
- Asian
- Other/Multiracial

Ethnicity

- Hispanic
- Non-Hispanic

Did you test positive for COVID 19?

- Yes
- No

Exposure (Check all that apply)

- Health care team
- Direct exposure to sick person at home/work
- Community spread/unknown
- N/A

Clinical course (Check all that apply)

- Hospitalized
- Recovered at home
- Wore mask and continued to work
- No change in behavior
- N/A

COVID like symptoms (Check all that apply)

- Cough
- Fever
- Shortness of breath/ difficulty breathing
- Muscle aches/weakness
- Diarrhea/abdominal pain
- Nausea/vomiting
- Headache
- Sore throat
- Loss of smell or taste
- Runny nose
- Other
- N/A

If other on Covid like symptoms please specify.

Eye symptoms (Check all that apply)

- Red eyes
- Eye pain
- Excessive tearing
- Sensitivity to light
- Blurry vision
- Double vision
- Flashes/floaters
- Blind spots in vision
- Tunnel vision/Decrease in peripheral vision
- Flickering lights in vision
- Other
- N/A

If other on eye symptoms please specify.

When were the eye symptoms noted? (Check all that apply)

- Before onset of systemic symptoms
- At the time of illness
- During recovery phase
- N/A

How long did eye symptoms last? (Check all that apply)

- Resolved
- Persistent despite recovery
- N/A

History of environmental allergy?

- Yes
- No

Allergic symptoms for environmental allergy (Check all that apply)

- red eyes
- runny nose
- fever
- itching
- skin rash
- other
- N/A

If other on allergic symptoms please specify.

History of drug related allergy?

- Yes
- No

Allergic symptoms to drug related allergy (Check all that apply)

- red eyes
- runny nose
- fever
- itching
- skin rash
- other
- N/A

If other on allergic symptoms please specify.

History of any allergies?

- Yes
- No

Please specify other allergy.

Symptoms of other allergies (Check all that apply)

- red eyes
- runny nose
- fever
- itching
- skin rash
- other
- N/A

If other on symptoms please specify.

Does the affected person have a regular eye care provider?

- Yes
- No

Please specify which eye care provider. (Check all that apply)

- For glasses/contact lens only
- For eye disease monitoring/treatment such as diabetes, glaucoma, macular degeneration, uveitis, etc

Does the affected person have an underlying chronic health condition such as Diabetes, HTN, asthma, heart disease and is actively receiving medication for that condition?

- Yes
- No

Please list underlying chronic health care conditions:

Did you receive any medical treatment for COVID ?

- Yes
- No

Please list medical treatment for Covid:

Did you receive any treatment for your eye symptoms?

- Yes
- No

Please list any eye treatment received:
