

eSupplement 2. Assessment of chalazia by clinical examination in office

Participant ID: X01-____ Date of Clinical Exam: ____/____/____ PEDIG ID of Clinical Examiner: _____

ASSESSMENT BY CLINICAL EXAM IN OFFICE:

Complete the following for each eyelid:

IN OFFICE CLINICAL EXAM	Right Upper Lid	Right Lower Lid	Left Upper Lid	Left Lower Lid
1. Able to assess lid? If not able to assess any lid, why unable? If able to assess at least one lid, continue.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are there any chalazia present? a. If YES, # of chalazia on this lid: _____ (#)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ (#)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ (#)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ (#)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ (#)
If at least one chalazia present on the lid, assess the worst chalazion on the lid as follows:				
a) Width of area affected by worst chalazion: _____ (mm)	_____ (mm)	_____ (mm)	_____ (mm)	_____ (mm)
b) Location of worst chalazion on lid: I. Horizontal: II. Vertical relative to lid margin: III. Depth:	<input type="checkbox"/> nasal <input type="checkbox"/> central <input type="checkbox"/> temporal <input type="checkbox"/> involves <input type="checkbox"/> approaches <input type="checkbox"/> remote <input type="checkbox"/> superficial <input type="checkbox"/> deep	<input type="checkbox"/> nasal <input type="checkbox"/> central <input type="checkbox"/> temporal <input type="checkbox"/> involves <input type="checkbox"/> approaches <input type="checkbox"/> remote <input type="checkbox"/> superficial <input type="checkbox"/> deep	<input type="checkbox"/> nasal <input type="checkbox"/> central <input type="checkbox"/> temporal <input type="checkbox"/> involves <input type="checkbox"/> approaches <input type="checkbox"/> remote <input type="checkbox"/> superficial <input type="checkbox"/> deep	<input type="checkbox"/> nasal <input type="checkbox"/> central <input type="checkbox"/> temporal <input type="checkbox"/> involves <input type="checkbox"/> approaches <input type="checkbox"/> remote <input type="checkbox"/> superficial <input type="checkbox"/> deep
c) Does the chalazion have a visible head?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to assess	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to assess	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to assess	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to assess
d) Erythema (color change):	<input type="checkbox"/> No erythema <input type="checkbox"/> Mild / moderate <input type="checkbox"/> Severe	<input type="checkbox"/> No erythema <input type="checkbox"/> Mild / moderate <input type="checkbox"/> Severe	<input type="checkbox"/> No erythema <input type="checkbox"/> Mild / moderate <input type="checkbox"/> Severe	<input type="checkbox"/> No erythema <input type="checkbox"/> Mild / moderate <input type="checkbox"/> Severe
e) Amount of swelling:	<input type="checkbox"/> None <input type="checkbox"/> Mild / moderate <input type="checkbox"/> Severe (full lid)	<input type="checkbox"/> None <input type="checkbox"/> Mild / moderate <input type="checkbox"/> Severe (full lid)	<input type="checkbox"/> None <input type="checkbox"/> Mild / moderate <input type="checkbox"/> Severe (full lid)	<input type="checkbox"/> None <input type="checkbox"/> Mild / moderate <input type="checkbox"/> Severe (full lid)
f) Bulbar conjunctiva injection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Pyogenic granuloma present on palpebral conjunctiva?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Plugging of meibomian gland?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Inflamed lid margins?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j) Blepharitis present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No