

# History questions that are specific to myopia risk factors

If these questions are NOT on your current history form, please add them:

1. Birthdate (younger kids progress faster and the sooner you start treatment the better it works)
2. Sex (girls usually progress faster than boys)
3. Child's Eye Doctor (used to send a report)
4. Pediatrician (used to send a report)
5. Is the patient taking any vitamins or other nutritional supplements? (see next question)
6. Does the patient have a vitamin D deficiency? ([may be a risk factor](#)). Low vitamin D, may be due to not enough outdoor time – another possible risk factor)
7. Has the patient EVER had an allergic reaction to atropine? (rare, but possible)
8. Are there any medical preservatives that the patient is allergic to? (atropine may be preserved with BAK)
9. During a typical day, how many hours per day does the patient spend outside? ([more better than less](#))
10. How many hours per day (in or out of school), does your child usually spend on any digital device like a smartphone or computer? ([less better than more](#))
11. What is your child's usual posture when reading (for example, sitting at a desk, in bed on their stomach, in bed on their back, etc?) ([back better](#))
12. If your child is required to do a lot of reading (more than 10 minutes at once), when do they usually do it? Morning, afternoon or night? ([night better](#))
13. When your child is reading on a digital device (smartphone or computer), is the background black with white characters, or white with black characters? ([black background better](#))
14. What time does your child usually go to bed? ([earlier than 9:30 PM better](#))
15. How many nights per week does your child usually go to bed at approximately the same time? ([consistency better](#))
16. Is your child routinely exposed to secondhand smoke? ([SHS may contribute to myopia](#))
17. Approximate date of patient's last eye examination
18. If already corrected, at approximately what age did the patient first start wearing eyeglasses or contact lenses?
19. Parent history questions:
  - a. Currently wear eyeglasses or contact lenses? If yes, for what?
  - b. Any history of any eye surgery, including refractive surgery (LASIK, PRK, etc?)
    - i. Note: Remind post-op refractive surgery patients that they are still myopic and their myopia has not been "cured" by surgery
  - c. Age first wore eyeglasses or contact lenses, even if part time?
  - d. Ethnicity (it is believed there is a relationship between certain ethnicities and myopia progression)
20. Sibling history questions:
  - a. Siblings (M/F, how many?) – more myopic siblings increases risk
  - b. Ever worn eyeglasses or contact lenses?
  - c. Approximate age first wore eyeglasses or contact lenses?

