SPEED[™] QUESTIONNAIRE

Name:	Date://	Sex: M F (Circle)	DOB://
		/	

For the Standardized Patient Evaluation of Eye Dryness (SPEED) Questionnaire, please answer the following questions by checking the box that best represents your answer. Select only one answer per question.

1. Report the type of <u>SYMPTOMS</u> you experience and when they occur:

	At this visit		Within past 72 hours		Within past 3 months	
Symptoms	Yes	No	Yes	Νο	Yes	Νο
Dryness, Grittiness or Scratchiness						
Soreness or Irritation						
Burning or Watering						
Eye Fatigue						

2. Report the <u>FREQUENCY</u> of your symptoms using the rating list below:

Symptoms	0	1	2	3
Dryness, Grittiness or Scratchiness				
Soreness or Irritation				
Burning or Watering				
Eye Fatigue				

0 = Never **1** = Sometimes **2** = Often **3** = Constant

3. Report the <u>SEVERITY</u> of your symptoms using the rating list below:

Symptoms	0	1	2	3	4
Dryness, Grittiness or Scratchiness					
Soreness or Irritation					
Burning or Watering					
Eye Fatigue					

0 = No Problems

- 1 = Tolerable not perfect, but not uncomfortable
- **2** = Uncomfortable irritating, but does not interfere with my day
- **3** = Bothersome irritating and interferes with my day
- **4** = Intolerable unable to perform my daily tasks

4. Do you use eye drops for lubrication?

YES NO

If yes, how often? _____

Cornea. 2013 Sep;32(9):1204-10
© 2011 TearScience, Inc. All rights reserved.
13-ADV-123 A

For office use only	
Total SPEED score (Frequency + Severity) =	/28