

# SPEED™ Questionnaire

## SPEED™ Questionnaire

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 SYMPTOMS you experience and when they occur:

#### Dryness, Grittiness or Scratchiness \*

- At this time
- Not at this time
- Within past 72 hours
- Not within past 72 hours
- Within past 3 months
- Not within past 3 months

#### Soreness or Irritation \*

- At this time
- Not at this time
- Within past 72 hours
- Not within past 72 hours
- Within past 3 months
- Not within past 3 months

#### Burning or Watering \*

- At this time
- Not at this time
- Within past 72 hours
- Not within past 72 hours
- Within past 3 months
- Not within past 3 months

#### Eye Fatigue \*

- At this time
- Not at this time
- Within past 72 hours
- Not within past 72 hours
- Within past 3 months
- Not within past 3 months

**2. Report the FREQUENCY of your symptoms using the rating list below:**

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

**Dryness, Grittiness or Scratchiness \***

- 0
- 1
- 2
- 3

**Soreness or Irritation \***

- 0
- 1
- 2
- 3

**Burning or Watering \***

- 0
- 1
- 2
- 3

**Eye Fatigue \***

- 0
- 1
- 2
- 3

**3. Report the SEVERITY of your symptoms using the rating list below:**

- 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

**Dryness, Grittiness or Scratchiness \***

- 0
- 1
- 2
- 3
- 4

**Soreness or Irritation \***

- 0
- 1
- 2
- 3
- 4

**Burning or Watering \***

- 0
- 1
- 2
- 3
- 4

**Eye Fatigue \***

- 0
- 1
- 2
- 3
- 4

**4. Do you use eye drops for lubrication? \***

- Yes
- No

**If yes, how often?**

**Add your name, phone number and email address to see your results:**

**Name**

First

Last

**Phone**



**Email**

**New or returning patient?**

- New
- Returning