

SPEED QUESTIONNAIRE

Name: _____ Date: _____ Sex: M F 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 SYMPTOMS you experience when they occur:

Symptoms:	At this Visit		Within the past 72 hours		Within the past 3 months	
	Yes	No	Yes	No	Yes	No
Dryness						
Grittiness or Scratchiness						
Soreness or Irritation						
Burning or Watering						

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

Symptoms:	0 = Never 1 = Sometimes 2 = Often 3 = Constant			
	0	1	2	3
Dryness				
Grittiness or Scratchiness				
Soreness or Irritation				
Burning or Watering				

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

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

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? _____

For office use only :

Total SPEED score (Frequency + Severity) = ____ / 28

Korb, Donald R.; Herman, John P.; Greiner, Jack V.; Scaffidi, Robert C.; Finnemore, Victor M.; Exford, Joan M.; Blackie, Caroline A.; Douglass, Teresa (2005). Lid Wiper Epitheliopathy and Dry Eye Symptoms. Eye & Contact Lens: Science & Clinical Practice, 31(1), 2-8