



Speed II[®] Dry Eye Questionnaire

Dry Eye Disease is more common than most people realize. Please take a moment to carefully complete this questionnaire to better enable your eye care provider to help you.

NAME

DATE

1 Report the frequency of your symptoms by checking the appropriate box.

SYMPTOMS	0 Never	1 Sometimes	2 Often	3 Constant
Dryness, grittiness or scratchiness				
Soreness or irritation				
Burning or watering				
Eye fatigue				

2 Report the severity of your symptoms by checking the appropriate box.

SYMPTOMS	0 No problems	1 Tolerable <small>Not perfect, but not uncomfortable</small>	2 Uncomfortable <small>Irritating but doesn't interfere with my day</small>	3 Bothersome <small>Irritating and interferes with my day</small>	4 Intolerable <small>Unable to perform my daily tasks</small>
Dryness, grittiness or scratchiness					
Soreness or irritation					
Burning or watering					
Eye fatigue					

3 Please check if you have experienced the above symptoms:

Today Within the last 3 days Within the past 3 months

4 Do you use eye drops for lubrication?

No Yes — How often? _____ What brand? _____

5 Do you have fluctuating vision (corrected with blinking)?

Never Sometimes Frequently Always

6 Have you been told you have blepharitis?

No Yes

7 Have you been treated for a stye?

No Yes

8 Have you had any of the following symptoms recently?

Eyelid redness Crusting around lashes Lid irritation