



Dry eye Disease is a common reason that patients visit eye doctors, and it can have an impact on surgical outcomes. Please take a moment to thoughtfully complete the questionnaire.

SPEED II PREOP OSD QUESTIONNAIRE

Patient Name: _____
Date: _____

1. Report the **FREQUENCY** 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

2. Report the **SEVERITY** 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 = No problems
1 = Tolerable – not perfect, but not uncomfortable
2 = Often – irritating but doesn't interfere with my day
3 = Constant – unable to perform my daily tasks

3. Please check if you have experienced the above symptoms:

Today Within the last 3 days Within past 3 months

Do you use eye drops for lubrication? Yes No If yes, how often? _____

Do you have a fluctuating vision? Never Sometimes Frequently Always

If yes, does the fluctuating vision improve with blinking and/or lubricating drops? Yes No

Have you been told that you have **blepharitis**? Yes No

Have you been treated for a **stye**? Yes No

Have you had any of these symptoms recently? Eyelid redness Crusting around lashes Lid irritation

Do you wear contact lenses? Yes No

If yes, when was the last time you wore them? _____

If yes, do you feel worse when they're on? Yes No

Do your eyes itch? Never Sometimes Frequently Always

If yes, do you have known environmental allergies or allergic conjunctivitis? Yes No

Are your ocular symptoms symmetric between both eyes? Yes No

If no, which eye is most symptomatic? Yes No

Do you mind wearing glasses and/or contact lenses to improve your vision? Yes No

If yes, would you be willing to pay out-of-pocket costs to reduce or eliminate your dependence on them? Yes No

Please place an "X" on the following scale to describe your personality as best as you can:

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◀ Easy Going Perfectionist ▶

For office use only:

Total Speed Score (Frequency + Severity) = _____/28 ; Number of **RED** boxes checked = _____/18