

DRY EYE QUESTIONNAIRE

PATIENT NAME:

Date of Birth:

DATE:

Dry Eye Disease is the most frequent reason why patients visit eye doctors. We are concerned that you may be suffering with this condition as well. Please take a few moments and complete this Standard Patient Evaluation of Eye Dryness (SPEED) questionnaire. Choose only one answer per line.

SYMPTOMS	Frequency of Symptoms	Severity of Symptoms	Which Eye (s)		Symptoms Within Past 72 Hours		Symptoms Within Past 3 Months	
	Rate 0 to 3 (Frequency Legend Below)	Rate 0 to 4 (Severity Legend Below)	left	right	YES	NO	YES	NO
Dryness, grittiness, or scratchiness	0 1 2 3	0 1 2 3 4						
Soreness or irritation	0 1 2 3	0 1 2 3 4						
Burning or watering	0 1 2 3	0 1 2 3 4						
Eye fatigue	0 1 2 3	0 1 2 3 4						
Fluctuating vision	0 1 2 3	0 1 2 3 4						

Frequency legend:

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

Severity legend:

- 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

Do you use eye drops for lubrication?

Yes No

If yes, how often?

****THIS COMPLETED FORM SHOULD BE SENT TO SOUTHERN EYE PRIOR TO YOUR APPOINTMENT.****

- EMAIL TO : clinic@southern-eye.com or
- FAX TO: 864-295-1288