



Lisa S. Bunin, M.D.
 Board Certified Eye Surgeon
 & Specialized Plastic Surgeon

SPEED II Questionnaire

Name: _____, _____ **Date:** ____/____/____
 (Last) (First)

Date of Birth: ____/____/____ **Sex:** M F (Circle)

Dry Eye Disease is the most frequent reason that patients visit eye doctors. We are concerned that you may be suffering with this condition as well. Therefore, we ask that you take a few moments and thoughtfully complete the questionnaire below.

Report the **FREQUENCY** of dry eye symptoms using the numbering system below:

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

SYMPTOMS	0	1	2	3
Dryness, Grittiness or Scratchiness				
Soreness or Irritation				
Burning or Watering				
Eye Fatigue				

Report the **SEVERITY** of your symptoms using the ratings 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

SYMPTOMS	0	1	2	3	4
Dryness, Grittiness or Scratchiness					
Soreness or Irritation					
Burning or Watering					
Eye Fatigue					



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Please mark with an X if you have experienced symptoms:

1) Today _____ 2) Within the last past 72 hours _____ 3) Within past 3 months _____

Do you use eye drops and/or ointment? YES NO (Circle) Today? Y N

If yes, which drops do you use? _____ Last 4 hours? Y N

Any Gels Last 12 Hours? Y N Moisturizers, Lotion & Facial Creams Today? Y N

Have you touched/rubbed your eye(s) today?? If so when & show us how you rub them

How long ago did you touch/rub them? Any make up today? Y N

Have you been told that you have blepharitis or have you been treated for a sty?e?

Blepharitis YES NO (Circle)

Stye YES NO (Circle)

Do you have fluctuating vision problems? (That can be corrected with blinking) Circle:

Never Sometimes Frequently A Lot/Always

For office use only: **Total Speed Score** (Frequency + Severity) = _____