

OCULAR WELLNESS QUESTIONNAIRE

At Heartland Eye Consultants, we continue our commitment to diagnose and treat conditions that provide our patients with the best vision and eye health possible, for a lifetime. Please take a moment to complete the questions below which will help us gain insight into your ocular surface and eye coordination system.

Name: _____ **Date:** _____

DOB: _____ Sex: M F (circle)

How FREQUENTLY do you experience the following dry eye symptoms?	Never (0)	Sometimes (1)	Often (2)	Constant (3)
Dryness, Grittiness or Scratchiness				
Soreness or Irritation				
Burning or Watering				
Eye Fatigue				

How SEVERE are your dry eye symptoms?	No Problems (0)	Tolerable - not perfect but not uncomfortable (1)	Uncomfortable - irritating but does not interfere with my day (2)	Bothersome - irritating and interferes with my day (3)	Intolerable - unable to perform my daily tasks (4)
Dryness, Grittiness or Scratchiness					
Soreness or Irritation					
Burning or Watering					
Eye Fatigue					

WHEN have you experienced these symptoms?

- Today
 Within the past 72 hours
 Within the past 3 months

Activities	Yes	No
Do you have difficulty reading?		
Do you have difficulty using a computer?		
Do you have difficulty driving?		
Do you have difficulty watching television?		
Do you have difficulty wearing contact lenses?		
Do you have difficulty being outdoors?		
Do your symptoms worsen throughout the day?		

For office use only

Total SPEED score
(Frequency + Severity) =

_____ / 28

1-5 Mild
6-10 Moderate
11-28 Severe

SPEED™ QUESTIONNAIRE
Standard Patient Evaluation of Eye Dryness