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

## **SPEED II Questionnaire**

Name:		•		Da	ate: _	/_	/	
(Last)	(F	irst)						
Date of Birth:	/	Sex: N	Л F	(Circ	ele)			
concerned that	use is the most frequent rear you may be suffering with t moments and thoughtfully con	his con	dition	as w	ell. 7	Therefo	ore, we	
-	EQUENCY of dry eye sympten or Constant using the num	•		-		ng by o	checking	g Neve
	0 = Never, $1 = $ Sometimes,	2 = Of	ten, 3	= Co	nstant	t		
	SYMPTOMS		0	1	2	3	]	
	Dryness, Grittiness or Scrato	chiness						
	Soreness or Irritation						1	
	Burning or Watering							
	Eye Fatigue						1	
	•					· I	1	
	Bothersome – irritating a Intolerable – unable to pe					ay		
	SYMPTOMS	0	1	2	3	4		
Drynes	s, Grittiness or Scratchiness							
Sorene	ss or Irritation							
Burnin	g or Watering							
Eye Fa	tigue							
Please mark wit	th an X if you have experience	ed symi	otoms					
	2) Within the last past 72 h		-		ithin	past 3	months_	
-	drops and/or ointment? YES	S NO	(Circl	le)				
Have you been	told that you have blepharitis			been t	reate	d for a	stye?	
	Blepharitis YES N							
<b>D</b> 1 ~	Stye YES N				1 .	.1 1 1 1 1		
Do you have flu	actuating vision problems? ( T	nat car	be co	orrecte	ed wi	th blinl	kıng)	
Circle: Never	Sometimes Frequently	A Lot	'Alwa	VS				
211010. 110101	z sincernies i requently	11100	- 11 VV CL	, 5				