



For office use only  
 Total SPEED score (Frequency + Severity) = \_\_\_\_/28  
 1-5 Mild, 6-10, Moderate, 11-28 Severe  
 Previous SPEED Score = \_\_\_\_/28

Please complete and email this form to patients@lehmanneyecenter.com before your first appointment.

Patient Name: \_\_\_\_\_ D.O.B:    /    /

Date: \_\_\_\_\_

OCULAR SURFACE QUESTIONNAIRE - SPEED

Please answer the following questions by checking the box that best represents your answer. Select only one per question.

1. Report the **FREQUENCY** of dry eye symptoms you are experiencing by checking the boxes below:

	0	1	2	3
SYMPTOMS	Never	Sometimes	Often	Constant
Dryness, Sandy feeling				
Soreness or Irritation				
Burning and/ or Watering				
Eye Fatigue				

2. Report the **SEVERITY** of your symptoms by checking boxes below:

	0	1	2	3	4
SYMPTOMS	No problem	Tolerable	Uncomfortable	Bothersome	Intolerable
Dryness, Sandy feeling					
Soreness or Irritation					
Burning and/ or Watering					
Eye Fatigue					

3. Do you use eye drops for lubrication?     Yes     NO  
 If yes, what's the name and how often are they used? \_\_\_\_\_

4. Do you have fluctuation vision problems? (That can be corrected with blinking)  
Please select one:    Never    Sometimes    Frequently    Alot / Always

5. How much time do you spend on your computer/tablet or smartphone? \_\_\_\_\_ hours per day.

\_\_\_\_\_ / Doctor Initials