

SPEED - DRY EYE QUESTIONNAIRE



PATIENT NAME: _____ PATIENT ID#: _____ DATE: _____ Left Eye Right Eye

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	Symptoms at This Visit		Symptoms Within Past 72 Hours		Symptoms Within Past 3 Months	
	Rate 0 to 3 (Frequency Legend Below)	Rate 0 to 4 (Severity Legend Below)	YES	NO	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? _____

ITEMS BELOW ARE FOR OFFICE USE ONLY

Self-Evaluation: EG MOTR P Overall daily DE severity 0-4 Improvement expectations 0-4 Seasonal

Current DE Meds/Treatments: 0 1-3 4-6 7 or more

Allergy Symptoms Present: Eyes: Itchy Red Watery Swollen
Conditions: Congestion Runny nose Itchy skin Asthma Flaky skin

Allergy Testing Ordered on: / / Allergy Testing Completed on: / /

SjÖ: DE Treatment Length: < 1 year 1-2 years > 2 years

Symptoms: Dry mouth Fatigue GI distress Extremity muscle weakness Inability to concentrate

Patient/Family Member Diagnosed with: Lupus RA Sjögren’s disease Other _____

SjÖ Testing Ordered on: / /	SjÖ Testing Completed on: / /	Result: + -	MD Initials: _____	Technician Initials: _____	Scribe Initials: _____
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Interpretation of a SPEED Questionnaire

The SPEED (Standard Patient Evaluation of Eye Dryness) Questionnaire is a useful tool to help quantify a patient's Dry Eye Disease symptoms in a standardized and repeatable way. It can also be helpful to identify unknowing patients who may have less obvious Dry Eye Disease or to help drive an established patient's Dry Eye examination. It allows the physician to quickly assess how symptomatic a patient is on that given exam, which can be related to what the physician is or isn't seeing upon further examination and testing. The SPEED Questionnaire also drives the progression of a Dry Eye Disease exam, guiding the technician, counselor, and physician to educate the patient appropriately and to order and perform appropriate Dry Eye Disease testing at that visit or in the future. These diagnostic tests help to better diagnose, track, and explain Dry Eye Disease to both physician and patient, especially in a low or asymptomatic patient.

Interpretation of the SPEED Questionnaire is quite easy when performed accurately. Approach it by first looking at the SPEED score, which is derived by adding up the values to the numbered responses in the **Frequency of Symptoms** and **Severity of Symptoms** boxes. This number is a quick reference to determine how symptomatic a patient is feeling. Below is how we assign a severity rating to the SPEED Score:

0-4 Mild

5-7 Moderate

8+ Severe

Note: A low SPEED score, or even a 0 SPEED Score, does not mean a patient does not have Dry Eye Disease, nor does it mean that they do not need further testing or treatments. Again, the SPEED Questionnaire is an assessment to help identify new Dry Eye Disease patients and guide a patient's individual exam and testing. It is also another metric to help allow the individual patient to be monitored from visit to visit. It does not stand alone to diagnose a patient.

In the **ITEMS BELOW ARE FOR OFFICE USE ONLY** section, the SPEED Questionnaire has been modified to include a few questions to ask the patient, including a self-evaluation: Do they consider themselves easy going (EG), middle of the road (MOTR), or a Perfectionist (P)? How would they rate their overall Dry Eye Disease severity (0-4), and what are their expectations for improvement (wearing contact lenses, wearing makeup again, eliminating discomfort, etc)? Knowing these answers will help you set expectations for their Dry Eye treatment. It's also important to ask how many Dry Eye Disease medications or treatments they currently take, and if the patient is experiencing any allergy or autoimmune symptoms or conditions. The symptoms assessment can be related to Allergic Ocular Disease and Autoimmune contributing factors. If present, you can then easily make the order to have appropriate, specialized testing to evaluate for the presence of Ocular Allergies and/or Autoimmune Factors to better assess, understand, and treat your patient's overall Dry Eye Disease.

With proper understanding of the SPEED Questionnaire, all this can be done in a matter of seconds. You should quickly understand your patient's symptomology and know what you are possibly looking for during your exam. The medical necessity can be discussed and documented in your exam note and the appropriate tests can be ordered with follow-up before looking at the patient under the slit lamp. And, you can relate what you are seeing to their specific reported symptoms.

Upon follow-up, the SPEED Questionnaire should be repeated to assess if any improvement or worsening of symptoms has been perceived by the patient, which continues to drive the patient's examination, testing, discussions, and treatments appropriately, and keeps the physician and the eye care team in tune with what the patient is experiencing.