

## SPEED II® PREOP OSD QUESTIONNAIRE

complete the questionnaire.	se take a i	noment to	though	tfully		Patient Name:		
						Dutc.		
. Report the <b>FREQUENCY</b> of your	sympto	ms usin	g the	rating li	st below:			
SYMPTOMS	0	1		2	3	0 = Never 1 = Sometimes		
Dryness, Grittiness or Scratchiness						2 = Often		
Soreness or Irritation						3 = Constant		
Burning or Watering								
Eye Fatigue								
Report the <b>SEVERITY</b> of your sy	mptom	s using t	the ra	ting list	below:			
SYMPTOMS	0	1	2	3	4	0 = No problems 1 = Tolerable – not perfect but not uncomfortable		
Dryness, Grittiness or Scratchiness						2 = Uncomfortable – irritating but doesn't interfere with my d 3 = Bothersome – irritating and interferes with my day 4 = Intolerable – unable to perform my daily tasks		
Soreness or Irritation								
Burning or Watering								
Eye Fatigue								
Oo you use eye drops for lubrication	on?			Yes	□ No	If yes, how often?		
Do you use eye drops for lubrication on you have fluctuating vision? If yes, does the fluctuating vision in		with bli		Never	□ Som	netimes   Frequently   Always		
Do you have fluctuating vision? f yes, does the fluctuating vision in	mprove		□ inking	Never	□ Som	netimes   Frequently   Always		
Oo you have fluctuating vision? f yes, does the fluctuating vision in lave you been told you have <b>blep</b> .	mprove		□ inking □	Never and/or	☐ Som Iubricatin	netimes   Frequently   Always		
Do you have fluctuating vision? f yes, does the fluctuating vision in lawe you been told you have bleps have you been treated for a stye?	mprove		inking	Never and/or Yes	□ Som lubricatin □ No □ No	netimes   Frequently   Always		
To you have fluctuating vision? If yes, does the fluctuating vision in have you been told you have blep have you been treated for a stye? Have you had any of these sympto yo you wear contact lenses?	mprove haritis?	ently?	inking	Never and/or Yes Yes	□ Som lubricatin □ No □ No	etimes		
Po you have fluctuating vision? If yes, does the fluctuating vision in Have you been told you have <i>blep</i> , Have you been treated for a <i>stye</i> ? Have you had any of these sympto you wear contact lenses? If yes, when was the last time you	mprove haritis? oms rece	ently? em?	inking	Never and/or Yes Yes Eyelid r Yes	Som Iubricatin  No No edness No	etimes		
Po you have fluctuating vision? If yes, does the fluctuating vision in have you been told you have bleps have you been treated for a stye? Have you had any of these symptodo you wear contact lenses? If yes, when was the last time you of the your eyes feel worse when	mprove haritis? oms rece	ently? em?	inking	Never and/or Yes Yes Eyelid r Yes	Som Ilubricatin  No No edness No	etimes		
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Do you have fluctuating vision? If yes, does the fluctuating vision in the lave you been told you have <i>blep</i> and have you been treated for a <i>stye</i> ? Have you had any of these sympto do you wear contact lenses? If yes, when was the last time you of your eyes itch? If yes, do your eyes feel worse when you have known environing your ocular symptoms symme of no, which eye is the most symptom of you you mind wearing glasses and/	mprove haritis? ms rece wore the en they' mental e tric bet pomatic?	ently? em? re on? allergies ween bo	G or all	Never and/or Yes Yes Eyelid r Yes Yes Never ergic cces? Right	Som lubricatin  No No edness No Som onjunctivit Yes Left	etimes		

For office use only: **Total Speed Score** (Frequency + Severity) = \_\_\_\_\_ / 28 Number of Red boxes checked = \_\_\_\_\_ / 18 **Figure 2.** ASCRS SPEED II preoperative OSD questionnaire (OSD = ocular surface disease; SPEED = Standard Patient Evaluation of Eye Dryness).