



Your eyes are special, Your eyecare should be too

OCULAR WELLNESS QUESTIONNAIRE

At Total Vision Family Eye Care, we are committed to diagnosing and treating conditions that provide our patients with the best vision and eye health possible, for a lifetime. We'd like to learn as much about you and your eyes as possible, please take a moment to complete the following questionnaire.

Name: _____ Date: _____

DOB: _____

| 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 eye discomfort when reading? | | |
| Do you have eye discomfort using a computer? | | |
| Do you have eye discomfort while watching television? | | |
| Does being outdoors cause glare or watering? | | |
| Is your contact lens comfort perfect? | | |
| Have you had lash extensions (or considering in the future)? | | |
| Are you using a lash lengthening product? | | |
| Are you concerned about signs of aging around your eyes or else where on your face (e.g. fine lines, wrinkles, pigment changes, redness, age spots)? | | |

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

1691 SOUTH RT. 59, BARTLETT, IL 60103

PHONE 630-372-2883 | FAX: 630-372-2886 | MYTOTALVISION.COM