



# OCULAR WELLNESS & SPEED™ QUESTIONNAIRE

Standard Patient Evaluation of Eye Dryness

At Clinton Family Vision, 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: \_\_\_\_\_ Sex: M F (circle)

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

**For office use only**

**Total SPEED™ score (Frequency +Severity) =**

\_\_\_\_\_ / 28

**1-5 Mild, 6-10 Moderate, 11-28 Severe**

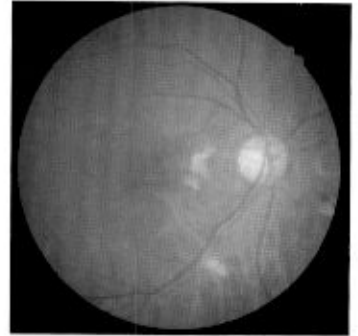
Check the box to the right corresponding to your symptoms	Never	Rarely	Sometimes	Very Often	Always
How often do you experience headaches?					
How often do you experience stiffness or pain in neck/shoulders?					
How often do you experience light sensitivity?					
How often do you experience motion sickness?					
How often do you experience discomfort with computer use or tired eyes?					

Your score may indicate that additional testing would be beneficial, in particular, a closer look at your meibomian glands and/or eye coordination system, the leading causes of the symptoms noted in the above survey. Please review the information on the back page to learn more.

Clinton Family Vision is proud to bring the very latest, state-of-the-art technology when caring for your eyes. We'd like to share information about three of the latest, most beneficial technologies that are available during your visit today.

### OptoMap High Definition Digital Retinal Imaging

The Optos instrument quickly scans the retina to capture a 200-degree view of the retina, creating a digital photograph, stored permanently in your medical record, which is a helpful tool when monitoring for change or progression. The image allows your doctor to gather information beyond what is performed in your routine exam, and in some cases, the OptoMap allows the patient to avoid pupil dilation (though we do not guarantee).

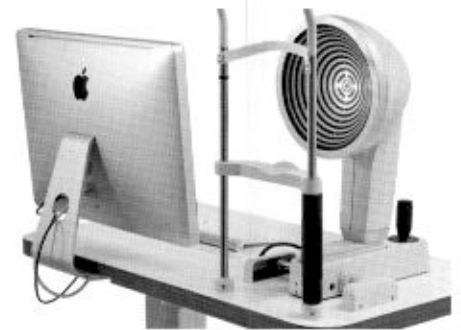


### OCT Screening Test

A digital OCT (optical coherence technology) scan uses light technology to identify structural changes beneath the surface of the retina which may not be visible during a routine eye exam. The highly accurate scan allows for earlier detection of eye disease which is when it is best to initiate treatment. The screening scan is especially important for patients with high prescriptions, certain medical conditions or a relevant family history (i.e. diabetes, high blood pressure, heart disease, glaucoma, macular degeneration, retinal detachment, etc.)

### OCULUS Keratograph® 5M

This instrument quickly collects high resolution images that provide a complete evaluation of the front surface of the eye. The advanced corneal topographer can image the meibomian glands, evaluate the quantity and quality of the tear film and point to the leading causes of ocular surface disease. The scan is immensely helpful for patients who have blurred vision, eye fatigue, astigmatism, keratoconus, dry eye symptoms and who are being fit in contact lenses.



Clinton Family Vision has invested in the very best technology for our patients and is pleased to offer all three (3) early detection tests to our patients for the affordable rate of \$59 (or \$39 per individual screening test) as these screening tests are not covered by insurance.

**My signature confirms that I have read and understand the information above and agree to have the following:**

- OptoMap, OCT screening test and OCULUS Keratograph® 5M screening tests
- Individual test (list): \_\_\_\_\_
- I decline the above screening tests and acknowledge by doing so, that certain eye conditions may go undetected.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_