

## MacTSQ

The following questions are about your experience of treatment for macular disease (MD). MD includes macular degeneration and can cause loss of central vision.

Your eye treatment may include:

- medications (e.g. tablets, eye drops);
- visits to an eye clinic/specialist for check-ups;
- visits to an eye clinic/specialist for treatment.

In this questionnaire, please:

- think about your recent MD treatment;
- think about the treatment for your MD, not for any other eye problems you may have, e.g. short or long sight or cataracts;
- answer each question by putting an "X" in the box next to one of the numbers from 6 to 0 or sometimes 7 to 0.

**This copy is for information only - for use, please contact Professor Bradley**

**1. How satisfied are you with the treatment for your MD?**

- 6 very satisfied ..... 6
- 5 ..... 5
- 4 ..... 4
- 3 ..... 3
- 2 ..... 2
- 1 ..... 1
- 0 very dissatisfied..... 0

**2. How bothered are you by any side effects or after effects you experienced with the treatment for your MD?**

- 7 none experienced ..... 7
- 6 not at all bothered..... 6
- 5 ..... 5
- 4 ..... 4
- 3 ..... 3
- 2 ..... 2
- 1 ..... 1
- 0 very bothered ..... 0

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