

EyeTSQ

The following questions are about your experience of treatment for your eye condition.

Your eye treatment may include:

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

In this questionnaire, please:

- think about your recent eye treatment;
- think about the treatment for your eye condition, not for any short or long sightedness or other problems corrected by glasses;
- 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. Overall, how satisfied are you with the treatment for your eye condition?

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

2. How well do you feel the treatment for your eye condition is working?

- 6 very well 6
- 5 5
- 4 4
- 3 3
- 2 2
- 1 1
- 0 very badly 0

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