

## EyeTSQ

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

Your eye treatment may include:

- medications (e.g. tablets, 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 sight or other problems corrected by spectacles;
- 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 ☐