

## MacTSQ

The following questions are about your experience with treatment for macular degeneration, which can cause loss of central vision.

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 macular degeneration treatment;
- think about the treatment for your macular degeneration, not for any other eye problems you may have, e.g. nearsighted or farsighted 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.

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

- 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 macular degeneration?**

- 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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