

# EyeDQoL

This questionnaire asks about your quality of life – in other words how good or bad you feel your life to be.

Please tick the box that best indicates your response for each item.

What we would like to know is how you feel about your life now.

1) In general, my present quality of life is:

- excellent.....
- very good.....
- good .....
- neither good nor bad ....
- bad.....
- very bad .....
- extremely bad.....

Please tick the 'yes' or 'no' box to show which eye condition(s) you have had. If you tick 'yes', please also tick the 'left eye' or 'right eye' boxes as applicable for you. If you tick 'no', please go straight to the next line.

Have you had:

**A) Diabetic Eye Problems (Diabetic Retinopathy):**

no     yes  → left eye     right eye

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**B) Macular Degeneration (AMD, MD):**

no     yes  → left eye     right eye

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**C) Glaucoma:**

no     yes  → left eye     right eye

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**D) Cataract, whether cataract removed or not:**

no     yes  → removed from: left eye  right eye

not removed from: left eye  right eye

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**E) Other eye condition not listed above:**

no     yes  → please specify below for each eye:

left eye:

right eye:

Now we would like to know how your eye condition affects your quality of life.

II) If I did not have my eye condition, my quality of life would be:

- very much better ....
- much better .....
- a little better .....
- the same .....
- worse .....

On the following pages, for each aspect of life described, you will find two parts:

For part (a) tick one box to show how your eye condition affects this aspect of your life.

For part (b) tick one box to show how important this aspect of your life is to your quality of life.