

RetTSQs

The following questions are about your experience of treatment for your diabetic eye problems – the eye problems often caused by diabetes.

Your eye treatment includes:

- medications (e.g. tablets, eye drops).
- visits to the doctor and hospital for check-ups and laser treatment or surgery.

In this questionnaire, please:

- think about the treatment for your diabetic eye problems, not for your diabetes itself.
- think about your eye treatment over the past few weeks/ months.
- 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.

NOT FOR USE: This is a shortened sample only.

For use of the full questionnaire, please contact info@healthpsychologyresearch.com

1. How satisfied are you with the treatment for your diabetic eye problems?

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

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

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

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3. How bothered are you by any side effects or after effects of the treatment for your diabetic eye problems?

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

4. How bothered are you by any discomfort or pain from the treatment for your diabetic eye problems?

- no discomfort experienced .. 7 ☐
- not at all bothered 6 ☐
- 5 ☐
- 4 ☐
- 3 ☐
- 2 ☐
- 1 ☐
- very bothered 0 ☐

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