RetTSQs

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

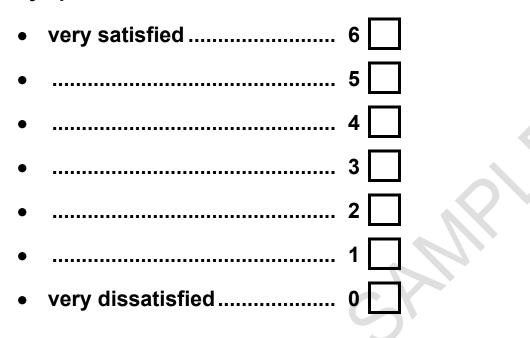
Your eye treatment includes:

- 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.

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



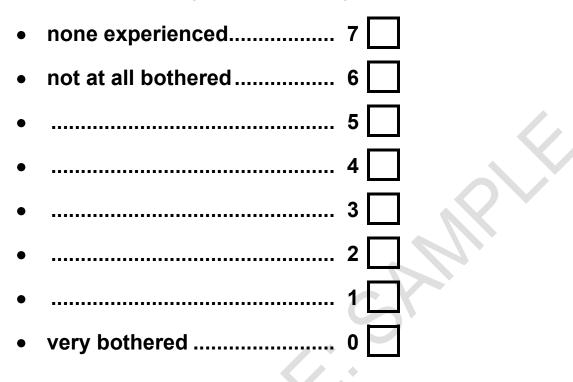
2. How well do you feel the treatment for your diabetic eye problems is working?



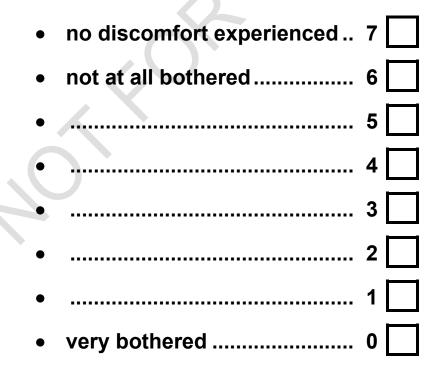
NOT FOR USE: This is a shortened sample only.

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

RetTSQs © Prof Clare Bradley 29.11.01. Standard UK English (rev. 11.4.19) Health Psychology Research, UK. www.healthpsychologyresearch.com. 3. How bothered are you by any side effects or after effects of the treatment for your diabetic eye problems?



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



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