## MacTSQ

The following questions are about your experience of treatment for macular disease (MD). MD includes macular degeneration and 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 MD treatment;
- think about the treatment for your MD, not for any other eye problems you may have e.g. short or long sight 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 MD?

6	very satisfied	6	
5		5	
4		4	
3		3	
2		2	
1		1	
0	very dissatisfied	0	S

2. How bothered are you by any side effects or after effects you experienced with the treatment for your MD?



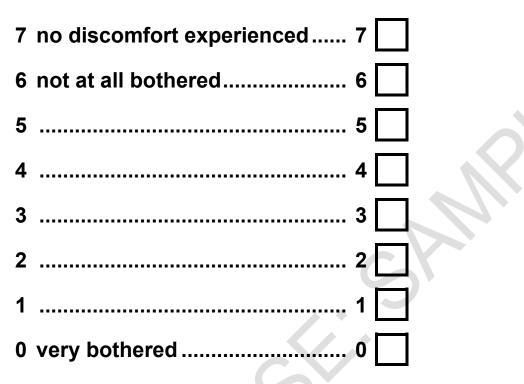
 NOT FOR USE: This is a shortened sample only.

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

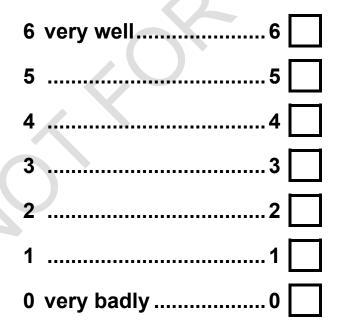
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 Page 2 of 3

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 Page 2 of 3

3. How bothered are you by any discomfort or pain from the treatment for your MD?



4. How well do you feel the treatment for your MD is working?



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 Page 3 of 3

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 Page 3 of 3