

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.

This copy is for information only - for use, please contact Professor Bradley

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

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

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

This copy is for information only - for use, please contact Professor Bradley