































# Glaucoma Treatment Questionnaire

## 1. Which statement best describes how you feel about taking eye drops for glaucoma?

- I am able to tolerate my eye drops and take them as prescribed by my doctor.
- Drops are very inconvenient. I miss doses and find it hard to stay consistent.
- Having fewer eye drops to take would help me be more consistent.
- They are a burden and impact my quality of life.

## 2. Circle the face that best indicates how you feel about your glaucoma drops:

How satisfied are you with taking your glaucoma drops?	Don't like to take them at all.						They are fine.
How convenient are glaucoma drops for you?	Very inconvenient.						They are convenient.
How would you rate how well you tolerate your glaucoma drops?	It's not good.						No problems at all.
How would you rate the cost of your glaucoma drops?	Very expensive.						Very reasonable.
How would you rate the side effects (redness, burning, stinging, etc.) you experience with your glaucoma drops?	It's a struggle.						I have no complaints.
How often you forget to take your glaucoma drops?	I often forget.						I'm like clockwork-never miss.

## 3. What are the reasons you may not use your drops as often as they're prescribed? (Check all that apply.)

- The cost.
- I forget to take them.
- The side effects really bother me.
- It's too hard to get the drops in my eye.
- Other (I'd like to discuss with the doctor).

## 4. Do you have difficulty putting drops in your eye?

- Yes
- No

## 5. Would you be interested in a procedure which may reduce your need for eye drops?

- Yes, I would like to learn more.
- Not at this time, but I would still like to learn more.
- No, I am not interested.

► Ask your eye care provider about your opportunity to potentially reduce the number of eye drops you currently take for glaucoma.

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