

## 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](mailto: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

**NOT FOR USE: This is a shortened sample only.**

For use of the full questionnaire, please contact [info@healthpsychologyresearch.com](mailto:info@healthpsychologyresearch.com)

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

- no effects 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

**NOT FOR USE: This is a shortened sample only.**

**For use of the full questionnaire, please contact [info@healthpsychologyresearch.com](mailto:info@healthpsychologyresearch.com)**