

Glaucoma Patient Survey

Successful glaucoma treatments must be custom tailored to the individual patient. Please help your doctor choose the right treatment for you by filling out this form.

1. How many medications are you currently taking to treat your glaucoma? _____
2. Taking glaucoma drops is :
 - a. A major inconvenience
 - b. An inconvenience
 - c. A minor inconvenience
 - d. Is not inconvenient at all
3. The expense of my glaucoma drops is :
 - a. Insignificant
 - b. Affordable
 - c. Expensive but not a financial burden
 - d. Very expensive and a financial burden
4. Putting drops in my eyes every day is :
 - a. Very easy to do
 - b. Easy to do
 - c. Hard to do
 - d. Very hard to do
5. Do you experience any of the following issues when taking your drops, please check:
Burning _____ Redness _____ Itching _____ Dryness _____ Other, specify _____
6. I take ALL of my eye drops exactly as prescribed by my doctor:
 - a. Always
 - b. Sometimes
 - c. Rarely
 - d. Never
7. If there was a surgical option to treat my glaucoma so that I would probably not need glaucoma medicatons anymore, I would be:
 - a. Very interested in knowing more about this surgery
 - b. Interested in knowing more about this surgery
 - c. Would have some interest in knowing more about this surgery
 - d. Would have no interest in knowing more about this surgery

Additional comments regarding your glaucoma eye drops: