

Patient Glaucoma & Lifestyle Questionnaire

Patient Name: _____

Date _____

Vision loss as a result of Glaucoma can be severe. With proper treatment, for the vast majority of patient glaucoma is controlled quite well. The corner stone of treatment is reducing the pressure in the eye. Often times this is accomplished with eye drops. As with other forms of medication, side effect, or unwanted reactions can occur as a result of drop therapy.

Alternatively, laser therapy and surgical procedures can be used to reduce the pressure inside the eye. In the United States these options tend to be reserved for those with active lifestyles, or those who are having difficulty with medication.

An important first step in assessing the quality of your glaucoma treatment is this Lifestyle Activity and Quality of Care Assessment. This will help us understand what is most important to you.

1. How satisfied are you with your current glaucoma management?

<-----1-----5-----10----->

Not at All Somewhat Very Pleased

2. As part of your treatment, how many TOTAL drops do you place in your eyes each day?

- None
- 1-2 Drops
- 3-4 Drops
- More than 4 drops

3. Are you experiencing, or have you experienced any Side Effects OR Adverse Events?

- YES NO

4. Which side effect?

- Red Eyes
- Dark Circles Around the Eyes
- Pain/Itching
- Shortness of Breath
- Lethargy/Sleepiness

5. How much driving do you do at night?

<-----1-----5-----10----->

Not at All Somewhat Often Times

6. How much work do you do on a computer

<-----1-----5-----10----->

Not at All Somewhat Often Times

7. How much reading do you do?

<-----1-----5-----10----->

Not at All Somewhat Often Times

8. Do you find that your drops interfere with your vision?

<-----1-----5-----10----->

Not at All Somewhat Often Times

9. If you could control your pressure, and at the same time stop one of your medications which one would you want to discontinue?

- Nightly Lumigan/Travatan/Xalatan
- Timolol/Timoptic/Betimol
- Alphagan/Bromonidine/Cosopt/Combigan
- Azopt/Dorzolamide/Trusopt

10. If a minor surgical procedure were offered to you, that would allow you to reduce, or ELIMINATE your need for drops, how interested would you be?

<-----1-----5-----10----->

Not at All Somewhat Very Interested

For Office Staff Use Only:

Doctors Recommendations Comments:

After thorough consultation regarding risks, benefits, and alternative, patient has:

- ACCEPT DECLINED

Patient Initial: _____ Consultant Initial: _____