

EYEDROPS QUESTIONNAIRE

Date Form Completed ___ / ___ / ___
mm/dd/yy

This questionnaire asks you for your feelings about your child's vision and your difficulties in treating your child with the eyedrops. There are no right or wrong answers. The information you provide will be kept strictly confidential.

INSTRUCTIONS:

1. This questionnaire is meant for the child's parent or guardian who is responsible for putting the eyedrops in. If you are not the parent or guardian or you do not frequently put the drops in, please answer the questions on this page and you do not need to complete the rest of the questionnaire.
2. Please try to answer every question. If a question does not apply to you or your child, mark the "not applicable" choice.
3. Please ask the clinic staff if you have any questions.
4. Once you have completed the questionnaire, fold it and put it in the envelope provided, seal the envelope, and give it to the clinic staff. It will go directly to the center that collects the data from the study in Tampa, Florida, and will not be reviewed by your child's eye doctor or the clinic personnel.

A. Did the parent/guardian not complete this form due to not understanding English well enough?

Yes No

B. What is your relationship with the child?

Mother Father Other: _____

C. Who is the person in your family who is most responsible for putting the eyedrops in?

Mother Father Other: _____

D. How often are you the one who puts the eyedrops in?

All of the time	Most of the time	About 1/2 of the time	Some, but less than 1/2 of the time	None of the time
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If you answered 'None of the time', you can STOP here. Otherwise, please continue to the next page.

The questions below ask you to describe your feelings. While you may not find an answer which exactly states your feelings, please mark the answer which comes closest to describing how you feel. Your first reaction to each question should be your answer.

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
1.	My child does not seem to mind using the drops.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	I worry that by using the drops, my child may miss out on fun activities (such as games and parties).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Using the drops affects my child's learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Using the drops makes it hard for my child to play outside, such as running, jumping, or riding a bike or tricycle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	I have trouble putting the drops in my child's eye.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Using the drops is a source of tension or conflict in my relationship:						
	with my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	with another family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	with my child's babysitter or teacher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Using the drops makes it difficult for my child to draw, color, or write.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	I worry that my child will become injured when using the drops.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	My child can see well when using the drops.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
10.	My child complains when it is time to put in the drops.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Using the drops makes my child's eye or eyelids red or irritated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	I worry that my child does not get the drops often enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	My child is more clumsy and uncoordinated than usual when using the drops.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	I notice that other children stare at my child when the drops are in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	I believe that using the drops will improve my child's vision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Using the drops makes it difficult for my child to play with blocks or toys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	I sometimes forget to put the drops in my child's eye.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	I worry that using the drops will make my child feel different from other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please tell us any thoughts on your child's treatment with eyedrops that were not covered in the questions.