The Glaucoma Profile Instrument[1]

In this questionnaire we are interested in the importance you place on the different characteristics of glaucoma and its treatment effects.

You may wish to consult the accompanying user guide to help you answer these questions.

Please tick one box **(✓)**, for each of the **categories 1-6**, which best describes any difficulties you have had in the **last month** with yourself, or your eyes or vision. **Remember,** if you wear glasses or contact lenses please answer all of the following questions as though you were wearing them.

1: Central and near vision
For example, do you have any difficulties with reading, writing watching TV, sewing, card games, computer work, reading dials on cookers on clocks or any activities similar to these?

No	☐
Some difficulty	☐
Quite a lot difficulty	☐
Severe difficulty	☐

2: Lighting and glare
For example, do you have any difficulties adjusting from light to dark and vice-versa), dazzle from bright lights, or difficulties seeing in dim light?

No	☐
Some difficulty	☐
Quite a lot of difficulty	☐
Severe difficulty	☐

3: Mobility
*For example, **because of your eyesight,** do you have any difficulties crossing roads, walking along busy pavements, negotiating steps and kerbs, tripping over low objects (for example children in pushchairs or dogs) or difficulties driving (or stopping driving) because of your vision?*

No	☐
Some difficulty	☐
Quite a lot of difficulty	☐
Severe difficulty	☐

4: Activities of daily living

*For example, **because of your eyesight**, do you have you any difficulties with domestic, DIY or self-care tasks around the home? This category includes difficulties pouring liquid into containers (e.g. water into a glass), problems judging shelf height leading to difficulties putting objects into or retrieving them from cupboards, being unaware of open cupboard doors and similar problems.*

No	☐
Some difficulty	☐
Quite a lot of difficulty	☐
Severe difficulty	☐

5: Eye discomfort

For example, any difficulties because one or both eyes feeling gritty, sore, or tired?

No	☐
Some difficulty	☐
Quite a lot of difficulty	☐
Severe difficulty	☐

6: Other possible effects of glaucoma or its treatment

For example, do you experience a dry mouth or a bitter after taste, fatigue, shortness of breath or difficulties with sexual functioning?

No	☐
Some difficulty	☐
Quite a lot of difficulty	☐
Severe difficulty	☐

1. Burr JM, Kilonzo M, Vale L, Ryan M. Developing a Preference based Glaucoma Utility Index using a Discrete Choice Experiment. *Optom Vis Sci. 2007 Aug; 84(8):797-808*