Anti-VEGF Preferences and Expectations Survey Questions

Q1: Are you?

Male

Female

Q2: What is your age?

Less than 65

65-74

75-84

85 or more

Q3: Which of these groups best represents your race or ethnicity?

White (non-Hispanic)

Black or African American (non-Hispanic)

Hispanic, Latino/a or Spanish origin

Asian

Pacific Islander

Multi-racial or bi-racial

Q4: What is your primary diagnosis?

Diabetic retinopathy

AMD

Vascular occlusion (CRVO/BRVO)

Q5: How would you rate your overall health, on a scale where zero is as bad as death and 10 is best possible health?

Q6: How would you rate your eyesight now (with glasses or contact lenses on, if you wear them), on a scale from 0-10, where zero means the worst possible sight, as bad or worse than being blind, and 10 means the best possible eyesight?

Q7: How much difficulty do you have reading ordinary print in newspapers (with glasses or contact lenses, if you wear them)?

No difficulty at all

A little difficulty

Moderate difficulty

Extreme difficulty

Stopped doing this because of your eyesight

Stopped doing this for other reasons or not interested in doing this

Q8: Are you currently driving, at least once in a while?

Yes, during daylight and non-daylight hours

Yes, but only during daylight hours

No, mainly because of eyesight

No, mainly because of other reasons

Never drove

Q9: How much difficulty do you have driving during the daytime in familiar places (with glasses or contact lenses if you wear them)?

No difficulty at all

A little difficulty

Moderate difficulty

Extreme difficulty

Q10: Which of the following statements best describes your preference for deciding on a treatment?

I prefer to make the decision about which treatment I will receive

I prefer to make the decision about my treatment after seriously considering my doctor's opinion

I prefer that my doctor and I share responsibility for deciding which treatment is best for me

I prefer that my doctor makes the decision about which treatment will be used, but I want my doctor to seriously consider my opinion

I prefer to leave all decisions regarding my treatment to my doctor, without input from me

Q11: When making a treatment decision which factor is the MOST important?

Best visual result

Low number of complications/problems/side effects

Cost

Number of appointments in a year

Food and Drug Administration (FDA) approval of the treatment (on-label use)

My physician's recommendation

Q12: When making a treatment decision which factor is the LEAST important?

Best visual result

Low number of complications/problems/side effects

Cost

Number of appointments in a year

Food and Drug Administration (FDA) approval of the treatment (on-label use)

My physician's recommendation

Q13: What result do you expect from the treatment?

The treatment will slow the deterioration of my vision

The treatment will stop the deterioration of my vision

The treatment will improve my vision

Q14: Has your treatment so far exceeded your expectations, met your expectations, or failed to meet your expectations?

Exceeded expectations

Met expectations

Failed to meet expectations

Waiting to see

Q 15: Not including your appointment today, how many appointments have you had for the problem for which you are currently being treated?

0

1-3

4-9

10 or more

Q16: How many injections have you received?

0

1-3

4-9

10 or more

Q17: Which drug is currently being injected?

Avastin

Eylea

Lucentis

Steroid

Not sure

Q18: Has your doctor changed the medication that you are receiving during the course of treating this problem?

Yes

No

Not sure

Q19: Before your first injection, how afraid were you about getting the injection?

Terrified

Very afraid

Somewhat afraid

Not very afraid

Not at all afraid

Q20: After the first injection, how afraid were you/will you be for the next injection?

Terrified

Very afraid

Somewhat afraid

Not very afraid

Not at all afraid