1) Age: _____________________

2) Zip Code: ________________________________

3) Sex

1 = Male, 2 = Female

4) Race or Ethnicity?

1 = Hispanic, 2 = Non-Hispanic White, 3 = Non-Hispanic Black, 4 = Asian, 5 = other race – Including Multi-Racial

5) Do you live in an urban, suburban, or rural setting?

1 = urban, 2 = suburban, 3 = rural

6) Highest level of education?

1 = less than high school, 2 = high school diploma, 3 = college degree, 4 = graduate degree

7) Employment status

1 = employed fulltime, 2 = employed part time, 3 = military, 4 = student, 5 = on disability, 6 = retired, 7 = unemployed

8a) What is your current occupation?

________________________________________________________________________

8b) If retired, what was your past occupation(s)?

________________________________________________________________________
9) How many hours per week do you work? 

10) What is your hourly wage? 

11) How did you get to the doctor’s office? 

12a) Did you use more than one form of transportation? 

12b) If you used more than one form of transportation, please specify the combination: 

________________________________________________________________________________

13a) Did anyone come with you? 

13b) If yes, how many people came with you? ________

13c) If yes, what is the current occupation of the person who came with you? 

________________________________________________________________________________

14) What is your relationship with the person who came with you? 

The accompanier is a: 1 = family member, 2 = friend, 3 = caregiver
15) What is the reason that another person came with you?

________________________________________________________________________________

What was your cost of travel?

16a) Bus fare: __________

16b) Cab fare: __________

16c) Car mileage: __________

16d) Parking charges: __________

17. How long did it take you to get to the doctor’s office (one-way)? __________

18) Will you be returning the same way you came?

1 = yes, 2 = no

19) If no, how will you return home?

1 = walk, 2 = car, 3 = bus, 4 = cab/taxi, 5 = more than one

20a) Will you be using more than one form of transportation?

1 = yes, 2 = no

20b) If you will use more than one form of transportation, please specify the combination:

________________________________________________________________________________
What was your cost of travel (leaving doctor’s office)?

21a) Bus fare: ____________

21b) Cab fare: ____________

21c) Car mileage: ____________

21d) Parking charges: ____________

22) How long will it take you to return home from the doctor’s office (one-way)? ____________

23) Total cost of journey to and from doctor’s office: ____________

24a) Did you take any time off work to attend the appointment?  1 = yes, 2 = no

If you took time off work:

24b) Was there a loss of earnings?  1 = yes, 2 = no

24c) If yes, how much money was lost? ____________

25a) Did your companion take any time off work to attend the appointment?  1 = yes, 2 = no
If your companion took time off work:

25b) Was there a loss of earnings? 

1 = yes, 2 = no

25c) If yes, how much money was lost? __________

26a) Was there any other money spent in order to come to the doctor’s office? (nannies, baby sitters, house-sitters)

1 = yes, 2 = no

26b) If yes, what was the cost of these extra expenses? __________

27) Level of glaucoma (Determined by visual field):
   OAG Suspect/OHTN:
   Mild
   Moderate
   Severe
   Non-glaucoma diagnosis

28) Years of follow up at this practice: _____ Years

29) Number of visits in past year: __________

30) Number of visits in past 2 years: __________

31) Number of bottles of medications the patient is currently taking: __________

32) Which medications:

   **Insurance information**

33) Prior surgery:

34) Date of surgery:
35) Prior Laser:

36) Date of laser: