

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?

1 = walk, 2 = car, 3 = bus, 4 = cab/taxi, 5 = MTA Mobility/Paratransit Program, 6 = more than one

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

1 = yes, 2 = no

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

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13a) Did anyone come with you?

1 = yes, 2 = no

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

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

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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?

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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?

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1 = yes, 2 = no

19) If no, how will you return home?

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

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

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1 = yes, 2 = no

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

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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? \_\_\_\_\_

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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: