

Appendix 1

Questions from the Collaborative Initial Glaucoma Treatment Study (CIGTS) quality of life patient questionnaire used in the STAR-I study

For each area listed below, patients were asked the following questions:

1. Have you had any problems during the past 7 days?
Yes
No
2. If so, is it due to your glaucoma or its treatment?
Not due
Partially due
Entirely due
3. How much does it bother you?
Not at all
A little
Some
A moderate amount
A lot

The areas included:

- Eye Irritation/Burning
- Eye Pain
- Excessive Tearing
- Droopy Eyelid
- Red Eye
- Feeling like something is in the eye
- Skin Sensitivity or irritation around the eye