

Appendix 2 Questionnaires

There follows the questionnaires as were given to those in group A. Group C were given a similar questionnaire but with the questions referring to therapy techniques omitted.

As part of the vision therapy project I would like to collect some information about some of your experiences participating in the project. There is nothing compulsory about sharing this information. If you want to that is great but if not that is fine too. You can still continue working with your vision and attending sessions at the eye clinic.

There follows some questions with a line underneath. The ends of the line represent the two possible extremes of an answer to the question. To answer you should place a mark on the line which indicates where your answer lies in relation to the two extremes.

For example:

In the last 7 days have you been having fun?

No, I've
been in bed
with flu

Yes, it's
been a non-
stop party

I have put my mark in the middle because it has been a quiet week but more to the right because my flatmate finished her exams and we had a celebration for that which was fun.

Today's date _____

In the last 7 days have you felt comfortable with your vision?

No, very
uncomfortable

Yes, very
comfortable

In the last 7 days have you felt frustrated with your vision?

None of the
time

All of the
time

Has this week been a typical week for you?

most
unusual

very typical

In the last 7 days have your eyes felt tingly?

Not that I've
noticed

Yes, they
tingle all the
time

In the last 7 days have your eyes been stinging?

No, they
have felt
fine

Yes, they
have been
really stinging

How are you feeling today?

feeling
horrible

feeling
fantastic

In the last 7 days have your eyes been watering?

Not at all
I've been
totally dry
eyed

Yes, my
eyes have
been
watering a
lot

Approximately how much time have you spent without your glasses
these past 7 days? (Awake time only)

None of the
time

All the time

Approximately how much time have you spent palming these past 7 days?

0 hours

20hours

Approximately how much time have you spent wearing your reduced prescription in the last 7 days? (If applicable)

None of the
time

All of the
time

Approximately how much time have you spent doing other vision activities in the last 7 days? e.g. going for a walk without glasses, swinging, shifting

0 hours

15 hours

There follows a couple of empty pages. These are for you to fill if you want to. There may be some points that the questions above raised that you want to express more fully or you may just want to say a few things about working on your vision that haven't been covered. These can be difficulties you have encountered with the project, good things you have discovered or just some vision anecdotes. Some people find the experience of writing about what they are doing useful so use this space for this if you feel like it. Any information you offer is appreciated and these pages will be returned to you to keep.