

Participant ID: _____ Participant Initials: _____ Date: _____

Eyedrop Questionnaire for Parents- Baseline Visit

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Does not apply
My child does not seem to mind the thought of using the drops						
I worry that by using the drops, my child may miss out on fun activities (such as games and parties)						
I worry that using the drops will affect my child's learning						
I worry that using the drops will make it hard for my child to play outside: running, jumping, or riding a bike						
I think I will have trouble putting the drops in my child's eye.						
I worry that using the drops will be a source of tension or conflict in my relationship:						
a. with my child						
b. with another family member						
c. with my child's babysitter or teacher						
I worry that using the drops will make it difficult for my child to draw, colour, or write						
I worry that my child will become injured when using the drops						
I think my child will see well when using the drops						
I think my child will complain when it is time to put in the drops						
I think using the drops will make my child's eye or eyelids red or irritated						
I worry that my child will not get the drops often enough						
I worry that using the drops will make my child is more clumsy and uncoordinated than usual						
I believe that using the drops will improve my child's vision						
I think using the drops will make it difficult for my child to play with toys						
I think I will sometimes forget to put the drops in my child's eye.						
I worry that using the drops will make my child feel different from other children						