Below are several statements. Some are about glaucoma in general, and some are about your experience with glaucoma medications. Please read each statement and circle the number that best represents your opinion.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Disagree A Lot</th>
<th>Disagree A Little</th>
<th>No Opinion/Don’t Know</th>
<th>Agree A Little</th>
<th>Agree A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My personal knowledge of the risk factors for glaucoma is excellent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. My personal knowledge of the symptoms of glaucoma is excellent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. All of my vision could be lost due to glaucoma.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Certain ethnic groups are more at risk for glaucoma.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Glaucoma is always genetic.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. A person can have glaucoma and not know it.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Being older increases the chances of developing glaucoma.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Eye pain is a common symptom of glaucoma.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Major vision loss from glaucoma can be prevented with treatment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Glaucoma can occur with normal eye pressure.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Vision lost from glaucoma is permanent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Glaucoma can be caused by diabetes.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. Glaucoma can be caused by an eye injury.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. Blindness is not a possible result of glaucoma.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. I completely agree with my doctor’s diagnosis of glaucoma in my eye(s).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>16. I have lost none of my vision due to glaucoma.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
17. If I lost the same amount of vision over the next five years as I have over the past five, it would have no effect on my quality of life. | 1 | 2 | 3 | 4 | 5
---|---|---|---|---|---
18. The level of my eye disease is not severe. | 1 | 2 | 3 | 4 | 5
19. I think I will develop other potentially blinding eye diseases. | 1 | 2 | 3 | 4 | 5
20. Eye drop medication can totally control the negative progress of my glaucoma. | 1 | 2 | 3 | 4 | 5
21. I have a great deal of difficulty putting in my eye drops. | 1 | 2 | 3 | 4 | 5
22. Over the last month I have not missed taking my eye drops. | 1 | 2 | 3 | 4 | 5
23. Sometimes I forget to use my drops. | 1 | 2 | 3 | 4 | 5
24. Sometimes I fall asleep before dosing time. | 1 | 2 | 3 | 4 | 5
25. Sometimes the drops aren’t with me when it is time to take them. | 1 | 2 | 3 | 4 | 5
26. Sometimes the drops are painful or uncomfortable to take. | 1 | 2 | 3 | 4 | 5
27. I don’t need to take drops. | 1 | 2 | 3 | 4 | 5
28. Sometimes I am out of drops. | 1 | 2 | 3 | 4 | 5
29. I need assistance putting drops in my eyes. | 1 | 2 | 3 | 4 | 5
30. I will always use my eye drops every night. | 1 | 2 | 3 | 4 | 5
31. I suffer from side effects when using my drops. | 1 | 2 | 3 | 4 | 5
32. My eye drops are reasonably priced. | 1 | 2 | 3 | 4 | 5
33. My eye drops cause me no pain or discomfort. | 1 | 2 | 3 | 4 | 5
34. I use reminders to help me remember to take my eye drop medications.

35. My eye drops are difficult to use.

36. I think I will go blind in 5 years if I DO NOT use my eye drops.

37. I think I will go blind in 10 years if I DO NOT use my eye drops.

38. I think I will go blind in 10 years if I DO use my eye drops.

39. A friend or family member’s experience with eye drops has encouraged me to use my eye drops.

40. I can place the eye drops into my eye correctly without any assistance.

41. There are things I can do to control my glaucoma.

42. There are things I can do to prevent my glaucoma from getting worse.

43. My doctor does not listen to me.

44. I was not surprised to have gotten glaucoma.

45. I am more susceptible to blindness than other people my age.

46. The reasons people get glaucoma are not well understood.

47. I am happy with the care I get from my eye doctor.
GTCAT Component List

**Barriers:** Statements 23, 24, 25, 26, 28, 31, 32, 33

**Benefits:** Statements 9, 20, 38

**Cues-to-action:** Statements 34, 39

**Knowledge:** Statements 1, 2, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 46

**Patient-physician relationship:** Statements 15, 43, 47

**Self-efficacy:** Statements 21, 29, 30, 35, 40, 41, 42

**Self-report adherence:** Statement 22

**Severity:** Statements 3, 16, 17, 18

**Susceptibility:** Statements 19, 27, 36, 37, 44, 45
Demographics (Completed from Chart and/or with Interviewer)

1) Birthdate: ____/____/________ Sex: Male / Female

2) Current Employment: ____________________

3) Marital Status: Married / Single / Widowed / Divorced /

4) Highest educational level completed (circle):
   A Grades 1-12 (what grade? ______)
   B High school diploma
   C Some college
   D Associate’s degree or technical certificate
   E Undergraduate degree
   F Master’s degree or post-baccalaureate certificate
   G Doctoral degree

5) Race/ethnicity (circle as many as apply):
   A Caucasian
   B Hispanic
   C African-American
   D Native American
   E Asian / Pacific Islander
   F Other (specify:__________________________________________)

6) Did participant need assistance reading the instruments? Yes / No

7) Participant’s primary language: _____________________________________________

8) Insurance: None / Medicare or Medicaid / Other Public Funding /
   Private Insurance / Self-Pay

9) Date first diagnosed: _______________

10) Monotherapy glaucoma medication prescribed: _______________________

11) Date Started:_______________ 12) Frequency: ___________________________

13) List all comorbid conditions:
__________________________________________________________________________

14) Mental health or substance use comorbidities:
__________________________________________________________________________
15) Surgical Procedures performed (past 3 years):
__________________________________________________________________________

16) Other medications prescribed (past 3 years):
__________________________________________________________________________

17) Most recent visual field test results (Mean Deviation):
Right Eye:_______________________________     Date: ____________________
Left Eye: ________________________________   Date: _____________________

18) Two most recent intra-ocular pressure results:
Right Eye #1: ___________ Date: __________
Right Eye #2: ___________ Date: __________
Left Eye #1:____________ Date: __________
Left Eye #2:____________ Date: __________