

## SATISFACTION WITH TT SURGERY

ID. No.: subjid- \_ \_ \_ \_ Alpha Code: alpha\_code Visit #: ssvisit

*NOTE: To be completed by the study team by questioning the subject at the month 6 and 12 study visits.*

1. How satisfied are you with the **Trichiasis Surgery Outcome** in your **Right Eye**? sstrich\_r

- ☐ <sub>0</sub> Very Satisfied
- ☐ <sub>1</sub> Satisfied
- ☐ <sub>2</sub> Neither Satisfied nor dissatisfied
- ☐ <sub>3</sub> Dissatisfied →
- ☐ <sub>4</sub> Very dissatisfied →
- ☐ <sub>99</sub> N/A (No right eye surgery)

1A. If not satisfied with Trichiasis Surgery Outcome in **right eye**, please provide reason:  
sstrichreas\_r

2. How satisfied are you with the **Cosmetic Outcome** in your **Right Eye**? sscosmetic\_r

- ☐ <sub>0</sub> Very Satisfied
- ☐ <sub>1</sub> Satisfied
- ☐ <sub>2</sub> Neither Satisfied nor dissatisfied
- ☐ <sub>3</sub> Dissatisfied →
- ☐ <sub>4</sub> Very dissatisfied →
- ☐ <sub>99</sub> N/A (No right eye surgery)

2A. If not satisfied with Cosmetic Outcome in **right eye**, please provide reason: sscosmeticroas\_r

3. How satisfied are you with the **Trichiasis Surgery Outcome** in your **Left Eye**? sstrich\_l

- ☐ <sub>0</sub> Very Satisfied
- ☐ <sub>1</sub> Satisfied
- ☐ <sub>2</sub> Neither Satisfied nor dissatisfied
- ☐ <sub>3</sub> Dissatisfied →
- ☐ <sub>4</sub> Very dissatisfied →
- ☐ <sub>99</sub> N/A (No left eye surgery)

3A. If not satisfied with Trichiasis Surgery Outcome in **left eye**, please provide reason:  
sstrichreas\_l

## SATISFACTION WITH TT SURGERY

ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_ Visit #: \_\_\_\_

4. How satisfied are you with the **Cosmetic Outcome** in your **Left Eye**? sscosmetic\_I

- ☐ <sub>0</sub> Very Satisfied
- ☐ <sub>1</sub> Satisfied
- ☐ <sub>2</sub> Neither Satisfied nor dissatisfied
- ☐ <sub>3</sub> Dissatisfied →
- ☐ <sub>4</sub> Very dissatisfied →
- ☐ <sub>99</sub> N/A (No left eye surgery)

4A. If not satisfied with Cosmetic Outcome in **left eye**, please provide reason:

sscosmeticeas\_I

5. Name & certification number of study team member completing form

- a. Print Name: \_\_\_\_\_
- b. Certification #: \_\_\_\_

6. Date form completed:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Data entry complete date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Data entered by initials: \_\_\_\_