Survey on costs of wet macular degeneration treatment

Please return this survey by 20 June 2015

Macular Disease Foundation AUSTRALIA™

Our focus is your vision

This survey is for people with wet macular degeneration who are receiving (or have previously received) regular eye injections. Participation is voluntary and anonymous.

Q1. Do you currently, or have you previously received eye injections for wet macular degeneration?

a ○ No, I have not had any injections - please ignore this questionnaire.
b ○ Yes, I previously received injections, but have stopped. **Please go to Q2 and Q2a**.
c ○ Yes, I am currently receiving injections. **Please go to Q3**

Q2. If you have received injections, but have now stopped, please state why you stopped.

a ○ The doctor said that the injections were of no further benefit
b ○ I stopped due to side effects
c ○ I could not afford the treatment costs
d ○ It was too difficult getting to the ophthalmologist
e ○ I just didn't want them any more
f ○ Other. Please state _____

Q2a. How long had you been receiving injections before you stopped? _____

If you have stopped having injections, you have finished the questionnaire. Thank you.

Q3. Are you getting injections in one or two eyes?

a ○ In one eye only b ○ In two eyes on separate days c ○ In two eyes on the same day

Q4. How often are you currently having injections?

a ○ every 4 weeks b ○ every 5 to 6 weeks c ○ every 7 to 8 weeks
d ○ every 9 to 12 weeks e ○ Less frequently than every 12 weeks

Q4. Please refer to your most recent account from your ophthalmologist.

Please provide the total cost for any of the following items that were included on this account. If possible, write the total amount charged **before** any Medicare rebates into column A below. If your ophthalmologist only charged you the Medicare gap, please state the amount you paid in column B. If you are not sure, please clarify with your doctor.

Date of this invoice _____

	A Total amount	**OR**	**B** Medicare gap only
a Item 104 (Initial consultation)	$_____		$_____
b Item 105 (continuing consultation)	$_____		$_____
c Item 11218 (retinal photos)	$_____		$_____
d Item 42738 (intravitreal injection)	$_____		$_____
e OCT scan (not a Medicare item)	$_____		$_____
Any other items? _____	$_____		$_____
_____	$_____		$_____

Please turn over

Q5. If you are receiving Avastin injections, how much are you paying for the drug?

$_____

Q6. Are you registered for the Extended Medicare Safety Net?

a ○ Yes b ○ No c ○ Not sure

Q7. If yes to Q6, once you have reached the Safety Net threshold each calendar year, what are your approximate total out-of-pocket costs per injection (that is, after all Medicare rebates?)

$_____

Q8. Are you:

a ○ still working b ○ unemployed c ○ retired as a full pensioner
d ○ retired as a part pensioner e ○ retired as a self-funded retiree

Q9. Are you having your injections:

a ○ in the ophthalmologist's rooms b ○ in a public hospital
c ○ in a private hospital or day care facility d ○ somewhere else _____

Q10. If you are having your injections in a private hospital or day care facility, are you getting refunds from a private health insurance company?

a ○ No b ○ Yes. Your approximate out-of-pockets costs per injection? $ _____

Q11. How long have you been receiving injections?

a ○ Less than 1 year b ○ Between 1 and 2 years
c ○ Between 2 and 5 years d ○ More than 5 years

Q12. Have you considered stopping or reducing the number of injections due to the cost?

a ○ No b ○ Yes.

Q13. If yes to Q12, have you discussed your concerns with your doctor?

a ○ No b ○ Yes. What was the outcome? _____

Q14. How often do you receive an OCT scan?

a ○ every visit b ○ every second visit c ○ every third visit d ○ less than every third visit.

Q15. Do you have additional out-of-pocket costs related to your injections? For example, parking fees, taxi costs, travel and accommodation etc. Please give details including costs:

_____

Q16. Any other comments about the costs of treatment? _____

_____

Q17: Please give your postcode ____ ____ ____ ____

You have now finished the questionnaire. Thank you for your help.

Please return your completed survey by 20 June using the enclosed envelope or by sending (no stamp needed) to:

Macular Disease Foundation Australia
Reply Paid 85946
Sydney NSW 2000

You can also call the Foundation on 1800 111 709 and answer the questionnaire over the phone if you prefer.