

**Adult Strabismus Quality of Life Questionnaire (AS-20)**  
(May 2008 version)

***Instructions for Patient***

The AS-20 is a short questionnaire with statements about how strabismus (misaligned eyes) may affect you in your everyday life.

If you are unable to complete this on your own, please ask for someone to assist you.

Instructions:

- Please respond to EACH statement by circling the response that best reflects how you feel.
- Circle only ONE response for each statement.
- Please answer based on your experiences during the past month, or since your last appointment if sooner.
- If you wear glasses or contact lenses respond as if you were wearing them.
- If you are not sure how to respond, please circle the response you think is most appropriate and make a comment in the margin.

If you have any questions please ask.

Thank you for completing this questionnaire.

Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_  
MM DD YY**1) I worry about what people will think about my eyes**

Never	Rarely	Sometimes	Often	Always
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**2) I feel that people are thinking about my eyes even when they don't say anything**

Never	Rarely	Sometimes	Often	Always
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**3) I feel uncomfortable when people are looking at me because of my eyes**

Never	Rarely	Sometimes	Often	Always
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**4) I wonder what people are thinking when they are looking at me because of my eyes**

Never	Rarely	Sometimes	Often	Always
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**5) People don't give me opportunities because of my eyes**

Never	Rarely	Sometimes	Often	Always
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**6) I am self conscious about my eyes**

Never	Rarely	Sometimes	Often	Always
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**7) People avoid looking at me because of my eyes**

Never	Rarely	Sometimes	Often	Always
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**8) I feel inferior to others because of my eyes**

Never	Rarely	Sometimes	Often	Always
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**9) People react differently to me because of my eyes**

Never	Rarely	Sometimes	Often	Always
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**10) I find it hard to initiate contact with people I don't know because of my eyes**

Never	Rarely	Sometimes	Often	Always
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Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_  
MM DD YY**11) I cover or close one eye to see things better**

Never	Rarely	Sometimes	Often	Always
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**12) I avoid reading because of my eyes**

Never	Rarely	Sometimes	Often	Always
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**13) I stop doing things because my eyes make it difficult to concentrate**

Never	Rarely	Sometimes	Often	Always
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**14) I have problems with depth perception**

Never	Rarely	Sometimes	Often	Always
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**15) My eyes feel strained**

Never	Rarely	Sometimes	Often	Always
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**16) I have problems reading because of my eye condition**

Never	Rarely	Sometimes	Often	Always
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**17) I feel stressed because of my eyes**

Never	Rarely	Sometimes	Often	Always
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**18) I worry about my eyes**

Never	Rarely	Sometimes	Often	Always
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**19) I can't enjoy my hobbies because of my eyes**

Never	Rarely	Sometimes	Often	Always
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**20) I need to take frequent breaks when reading because of my eyes**

Never	Rarely	Sometimes	Often	Always
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# The Adult Strabismus Questionnaire (AS-20)

## Instructions for clinician / researcher

The Adult Strabismus questionnaire (AS-20) has been developed to assess the impact of strabismus on a patient's health-related quality of life (HRQOL). It may be used in regular clinical practice or as a research tool. The AS-20 is intended to be completed by the patient unsupervised in a clinical setting, or mailed for completion at home.

Please use the AS-20 along with the *AS-20 Instructions for Patient*. Patients should review these instructions prior to completing the questionnaire.

The AS-20 is available without charge and may be used in its unaltered entirety without restriction. If used for research, the questionnaire must be identified in all pertinent publications by name and by citing the original description in *Ophthalmology* (Hatt S.R., Leske D.A., Bradley E.A., Cole S.R., Holmes J.M. Development of a quality of life questionnaire for adults with strabismus. *Ophthalmology* 2009;116:139-144)

## Scoring the AS-20

For each of the 20 questionnaire items, the following 5-point scale is used for responses:

Response	Score
Never	100
Rarely	75
Sometimes	50
Often	25
Always	0

Overall AS-20 scores and subscale scores are calculated in the following manner:

### *Overall score*

- The overall AS-20 score is calculated as a mean of all 20 item scores.
- If an item is unanswered, the overall score is calculated as the mean of all *answered* items.
- Maximum possible overall score is 100 (best HRQOL) and minimum is 0 (worst HRQOL).

### *Psychosocial subscale:*

- The psychosocial subscale score is calculated as a mean of items 1 to 10 (inclusive).
- If an item is unanswered, the psychosocial subscale score is calculated as the mean of all *answered* items.
- Maximum possible psychosocial score is 100 (best HRQOL) and minimum is 0 (worst HRQOL).

### *Function subscale*

- The function subscale score is calculated as a mean of items 11 to 20 (inclusive).
- If an item is unanswered, the function subscale score is calculated as the mean of all *answered* items.
- Maximum possible function score is 100 (best HRQOL) and minimum is 0 (worst HRQOL).