

AI-READI data on Visual impairment and Access to Eye Care

Survey Instrument:

Vision is affected by hyperglycemia (high blood sugar). This survey will ask you questions about your vision. Please answer all questions, regardless of whether or not you wear glasses or contact lenses. If you wear glasses or contact lenses, answer questions as if you are wearing them.

- 1. How much difficulty, if any, do you have in recognizing a friend across the street? Would you say:**
 - No difficulty
 - A little difficulty
 - Moderate difficulty
 - Extreme difficulty
 - Unable to do because of eyesight
 - Prefer not to say
- 2. How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say:**
 - No difficulty
 - A little difficulty
 - Moderate difficulty
 - Extreme difficulty
 - Unable to do because of eyesight
 - Prefer not to say
- 3. Because of your eyesight, how much difficulty do you have noticing objects off to the side while you are walking along? Would you say:**
 - No difficulty
 - A little difficulty
 - Moderate difficulty
 - Extreme difficulty
 - Unable to do because of eyesight
 - Prefer not to say
- 4. When was the last time you had your eyes examined by an eye care provider (ophthalmologist or optometrist)?**
 - Within the past month (anytime less than 1 month ago)
 - Within the past year (1 month but less than 12 months ago)
 - Within the past 2 years (1 year but less than 2 years ago)
 - 2 or more years ago
 - Prefer not to say

5. You have indicated that you have not seen an eye care professional in the past 12 months. What is the main reason you have not visited an eye care professional in the past 12 months?

- Cost/Insurance
- Do not have/know an eye doctor
- Cannot get to the office/clinic (too far away, no transportation) Could not get an appointment
- No reason to go (no problem)
- Have not thought of it
- Other
- Prefer not to say

6. When was the last time you had an eye exam in which the pupils were dilated? (This would have made you temporarily sensitive to bright light)

- Within the past month (anytime less than 1 month ago)
- Within the past year (1 month but less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- 2 or more years ago
- Never
- Prefer not to say