Appendix 1

This survey is being conducted to establish your knowledge of diabetes, its complications/management, as well as your awareness of the availability of optometrists in the monitoring of ocular complications in diabetes mellitus patients. Please tick the corresponding box that best describes your response and write down your answers where applicable.

| A. | Demographic: | | | |
|----|--|--|--|--|
| 1. | Gender: □ M | □ F | | |
| 2. | Age (years): <20 20–39 40–59 60–79 >79 | | | |
| 3. | Race: African Indian White Coloured Other (please specify) | | | |
| 4. | Home language: English IsiZulu Afrikaans Other (please specify) | | | |
| 5. | Level of education: Have never been to school Primary school High school Tertiary institution Other (please specify) | | | |
| 6. | What is your current employme Employed Unemployed Pensioner Student Other (please specify) | nt status? □ □ □ □ □ □ □ | | |
| 7. | How many years ago were you f <5 6–10 11–15 15–20 >20 | irst diagnosed with diabetes mellitus? | | |
| 8. | Have you ever attended a diabe Yes No | tic educational program or seminar? | | |
| | | *** | | |
| В. | Knowledge of Diabetes Mellitus | s: | | |
| 1. | | | | |
| 2. | Please name the types that you know | | | |
| 3. | Which of the above do you have | ?? | | |
| | | | | |

| 4. | Do you know whether diabetes mellitus is hereditary or not? Yes □ No □ Do not know □ | Inherited from parents). |
|-----|--|--|
| 5. | 5. Does the duration of your diabetes mellitus increase the risk of Yes No Do not know | f developing ocular complications? |
| 6. | 5. What are the ways of managing diabetes? | |
| 7. | 7. Which of these ways do you use? | |
| 8. | B. Do you think that diet and lifestyle modifications are importar Yes □ No □ Do not know □ | it factors in reducing problems associated with diabetes mellitus? |
| 9. | Do you think the control of your blood glucose levels is an imp Yes No Do not know | ortant factor in reducing complications of diabetes mellitus? |
| 10. | How often should you check your blood-glucose levels? | |
| | | *** |
| | Ocular complications of Diabetes Mellitus: | |
| | Are you aware that diabetes mellitus can lead to visual problem Yes No | s and blindness? |
| 2. | Not sure Do you know that diabetes mellitus can cause changes to the heyes No Not sure | ealth of the back of your eye? |
| | Are you aware that diabetes mellitus can cause clouding of vision Yes | n due to a condition called cataracts? |
| | Do you know that your diabetes mellitus can cause increase in to Yes | he pressure of your eyes? |
| | Do you know that diabetes can lead to daily changes in your visit Yes No Not sure | on? |
| | How often should you see your eye care practitioner? At least once a year Every 2 years Every 3 years Every 4 years Every 5 years | |

D. Co-management of Diabetes Mellitus:

| 1. | Who are the health care professional who can help you monitor the changes due to diabetes in your eyes? | |
|----|---|--|
| 2. | Which of the above have you been seeing? | |
| 3. | When you go to your health care professional what do they do? | |
| 4. | In the list above which are most specific for monitoring of your condition? | |
| 5. | What examinations do you know of that the optometrist can do to monitor your condition? | |
| 6. | Are you aware that they can educate you on diabetes? Yes No | |

Thank you for completing this questionnaire, your input is much appreciated

Note: This is the Online Appendix of Van Staden D, Deutshmann LP, Ganas S, et al. Knowledge of diabetes mellitus and its ocular complications amongst diabetic patients attending private and public hospitals in eThekwini Municipality, KwaZulu-Natal province, South Africa. Afr Vision Eye Health. 2015;74(1), Art. #36, 6 pages. http://dx.doi.org/10.4102/aveh. v74i1.36