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 employment status?
   Employed □
   Unemployed □
   Pensioner □
   Student □
   Other (please specify) ____________________

7. How many years ago were you first diagnosed with diabetes mellitus?
   <5 □
   6–10 □
   11–15 □
   15–20 □
   >20 □

8. Have you ever attended a diabetic educational program or seminar?
   Yes □
   No □

***

B. Knowledge of Diabetes Mellitus:

1. How many types of diabetes mellitus do you know?
   __________________________________________________________

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? (Inherited from parents).
   Yes □
   No □
   Do not know □

5. Does the duration of your diabetes mellitus increase the risk of developing ocular complications?
   Yes □
   No □
   Do not know □

6. What are the ways of managing diabetes?
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

7. Which of these ways do you use?
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

8. Do you think that diet and lifestyle modifications are important factors in reducing problems associated with diabetes mellitus?
   Yes □
   No □
   Do not know □

9. Do you think the control of your blood glucose levels is an important factor in reducing complications of diabetes mellitus?
   Yes □
   No □
   Do not know □

10. How often should you check your blood-glucose levels?
    ___________________________________________________

C. Ocular complications of Diabetes Mellitus:
1. Are you aware that diabetes mellitus can lead to visual problems and blindness?
   Yes □
   No □
   Not sure □

2. Do you know that diabetes mellitus can cause changes to the health of the back of your eye?
   Yes □
   No □
   Not sure □

3. Are you aware that diabetes mellitus can cause clouding of vision due to a condition called cataracts?
   Yes □
   No □
   Not sure □

4. Do you know that your diabetes mellitus can cause increase in the pressure of your eyes?
   Yes □
   No □
   Not sure □

5. Do you know that diabetes can lead to daily changes in your vision?
   Yes □
   No □
   Not sure □

6. 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