

Supplementary material

The AgED Study. Age-related eye disease (AgED) in South Australian general practice: are we blind to early detection and intervention?

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Eye Health Survey

Do you consent to Dr Chelsea Guymmer or Prof. Nigel Stocks accessing your medical record to obtain further information relevant to this study (i.e. any documented eye disease and treatments, eye tests, and risk factors for developing eye problems)?

Yes – please provide your name and date of birth (above).

No – please continue to question 1

1. Age: years

2. Gender:

Male

Female

3. When did you last have an eye check performed?

..... Months /Years ago

4. Who performed your last eye check?

optometrist

ophthalmologist (specialist eye doctor)

general practitioner

practice nurse at GP clinic

5. Has your GP ever checked your eyes?

No

Yes: if so why?

Driving medical

Eye problem:

- please explain:.....

Other:.....

6. Would you be interested in your GP being more involved in your eye care?

- No
- Yes

7. Would you be willing to engage in yearly health care checks by your GP, including an eye check?

- No
- Yes

8. Do you wear glasses or contact lenses?

- None
- Glasses
- Contact lenses
- Both glasses and contact lenses

9. Do you have any problems with your eyes?

- None
- Refractive error (e.g. short sighted / long sighted, use of glasses / contact lenses)
- Cataracts
- Glaucoma
- Trauma to the eye
- Diabetic eye disease
- Macular degeneration
- Retinal detachment (i.e. a torn retina)
- Retinitis pigmentosa (i.e. inherited degeneration of the retina)
- Other: please explain.....

10. Have you ever had any of the following eye health treatments?

- laser
 - cataract surgery
 - eye injections for macular degeneration
 - treatment for glaucoma
 - contact lenses or glasses
 - other eye treatment / surgery: please specify:
-

11. Have you tripped or fallen over in the past year?

- No (*skip to question 13*)
- Yes

12. If you have had a fall in the last year, was it because of your eye sight?

- No
- Yes

13. Do you have diabetes?

- No (*skip to question 15*)
- Yes Type I diabetes
- Type II diabetes

14. If you do have diabetes,

- **When did you last have a diabetic eye examination?**

..... months / years ago

- **Who performed your last eye examination?**

- GP
- optometrist (local eye clinic)
- ophthalmologist (specialist eye doctor)

15. Do you have high blood pressure?

No

Yes

16. Do you have high cholesterol?

No

Yes

17. Do you have any other health problems?

No

Yes: *please list below*

.....

18. Have you ever smoked in your life?

No

Yes: *please complete the following:*

- How many cigarettes per day?.....
- How many years did you smoke for?.....
- When did you quit (age)?.....

19. Do you drink alcohol?

No, never

Yes

- How many days per week?.....
- How many drinks per day on average?.....

20. Do any of your immediate first degree relatives have problems with their eyes (i.e. mother / father / sister / brother / daughter / son)?

No (*skip question 21*)

Yes

21. If yes, then which relative (i.e. mother / father / sister/ brother / daughter / son) and what was their eye condition (e.g. glasses / contacts use, macular degeneration, cataract, glaucoma, diabetic eye disease, retinal detachment / tear, etc.)?

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