

Questionnaire

Part A: Socio-demographic Information

Gender: M / F Age: _____ Occupation: _____

Level of Education: ☐ None ☐ Primary ☐ Secondary ☐ Tertiary

Residence: ☐ Urban ☐ Rural

Residential District: _____ Province: _____

Part B: Person-related Barriers

1. Please indicate (by ticking the appropriate box) if any of these is a barrier to your uptake of diabetic retinopathy screening services and to what extent (where **1 means that it is not a barrier** at all and **10 means that it is a very strong barrier**).

	1	2	3	4	5	6	7	8	9	10
Insufficient income (cost)										
Good vision in the fellow eye										
No symptoms										
Eye problem is not serious enough										
Time constraints/other priorities/too busy										
No escort or guardian to help										
Culture/traditional beliefs										
Forgot or no reminder										
Poor knowledge about diabetic retinopathy										
Prefer to use alternative service										

Any comments:

Part C: Service-related Barriers

2. Please indicate (by ticking the appropriate box) if any of these is a barrier to your uptake of diabetic retinopathy screening services and to what extent (where **1 means that it is not a barrier** at all and **10 means that it is a very strong barrier**).

	1	2	3	4	5	6	7	8	9	10
I was not well informed that I needed an eye screening										
Do not know where to get services										
Eye/screening centers are too far										
Long waiting time at the eye/screening center										
Low quality of care by eye doctors and clinicians										
Eye/screening center staff are unfriendly										
Fear of procedure complications										
Lack of trust in healthcare institutions										

Any comments:

Part D: Management of Diabetes

3. Are you currently taking any diabetes treatment? ☐ Yes ☐ No

If **yes**, please indicate the type of treatment/management:

If **no**, please provide reason(s):

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*****Thank you*****