

Study No

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New Eye Health Tests

Questionnaire

Thank you for taking the time to help us with this study

Confidential

The aim of this study is to find out your views on possible new NHS eye health tests.

These tests would be a separate service to the routine eyesight tests currently offered at High Street Opticians.

Your answers to this questionnaire will help us to identify how best to offer new NHS eye health tests.

Unfortunately, we are not able to invite you to attend an eye health test as part of this study.

We are just asking for your views.

HOW TO FILL IN THIS QUESTIONNAIRE

We are interested in **your own personal views**, not what you think we want to hear.
There are no right or wrong answers.

Most questions can be answered by **ticking** the appropriate box (ONE box only)

For example

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If you make a mistake, shade out the wrong box and tick the correct one like this

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All the answers you give are useful to us.

Please try to complete the whole questionnaire.

Section A – YOUR views on eye health tests

Please tell us what **YOU** think about eye health tests.

For each question choose a number between 1 and 7 that best reflects your views (Tick ONE box only)

A1. If I received a letter inviting me for an eye health test I would attend

Strongly disagree

1

2

3

4

5

6

7

Strongly agree

A2. If I attend an eye health test it would tell me whether or not I had a problem with my eyes

Strongly disagree

1

2

3

4

5

6

7

Strongly agree

A3. If I attended an eye health test and it detected a problem with my eyes I would be anxious

Strongly disagree

1

2

3

4

5

6

7

Strongly agree

A4. If I attend an eye health test, any problems would be picked up early

Strongly disagree

1

2

3

4

5

6

7

Strongly agree

A5. Whether I attend an eye health test would be entirely up to me

Strongly disagree

1

2

3

4

5

6

7

Strongly agree

A6. Most people who are important to me would think that I should attend an eye health test

Strongly disagree

1

2

3

4

5

6

7

Strongly agree

A7. If I was invited for an eye health test and I did *not* attend I would feel sorry

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A8. I would make it a high priority to attend an eye health test

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A9. If I attend an eye health test it would find problems before I notice anything is wrong

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A10. If I attended an eye health test and it detected a problem with my eyes, the problem could be treated

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A11. If I attended an eye health test and it detected *no* problems it would give me peace of mind

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A12. If I attended an eye health test it would pick up additional eye problems to a routine/normal eye sight test

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A13. If I attend an eye health test it may show up other health problems (e.g. diabetes, high blood pressure)

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A14. I am confident that I *could* attend an eye health test if it was available

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A15. The decision to attend an eye health test would be within my control

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A16. If I attended an eye health test and it detected a problem with my eyes it could stop me losing my sight

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A17. I would rearrange other things in order to attend an eye health test

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A18. If I was invited for an eye health test and I did not attend I would later wish I had

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A19. My close relatives would want me to attend an eye health test

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A20. My friends would want me to attend an eye health test

Strongly disagree	1	2	3	4	5	6	7	Strongly agree
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

For each of the following options choose a number between 1 and 7 that best reflects YOUR views (Tick ONE box only)

A21. For me, attending an eye health test would be...

Not worthwhile	1	2	3	4	5	6	7	Worthwhile
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bad use of my time	1	2	3	4	5	6	7	Good use of my time
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unimportant	1	2	3	4	5	6	7	Important
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unpleasant	1	2	3	4	5	6	7	Pleasant
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uninformative	1	2	3	4	5	6	7	Informative
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bad for my eye health	1	2	3	4	5	6	7	Good for my eye health
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A22. Attending an eye health test would be...

Difficult for me	1	2	3	4	5	6	7	Easy for me
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A23. If I was sent an eye health appointment for a specific day and time it would be...

Difficult for me to attend	1	2	3	4	5	6	7	Easy for me to attend
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A24. If an eye health test was available locally (e.g. within 10 miles) it would be...

Difficult for me to attend	1	2	3	4	5	6	7	Easy for me to attend
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A25. If an eye health test was only available during working hours it would be...

Difficult for me to attend	1	2	3	4	5	6	7	Easy for me to attend
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A26. If an eye health test was available during evenings and weekends it would be...

Difficult for me to attend	1	2	3	4	5	6	7	Easy for me to attend
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A27. If the location for the eye health test was a Community Health Centre (GP surgery) it would be ...

Difficult for me to attend	1	2	3	4	5	6	7	Easy for me to attend
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A28. If the location for the eye health test was a High Street Optician it would be...

Difficult for me to attend	1	2	3	4	5	6	7	Easy for me to attend
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A29. Showing up other health problems (e.g. diabetes, high blood pressure) in the eye health test is...

Unimportant	1	2	3	4	5	6	7	Important
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A30. My close relatives' views about me attending an eye health test are important to me

Not at all	1	2	3	4	5	6	7	Very much so
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A31. My friends' views about me attending an eye health test are important to me

Not at all	1	2	3	4	5	6	7	Very much so
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section B - Your views on the eye condition glaucoma

B1. Have you heard of the eye condition glaucoma?

Yes

No

For the following questions choose a number between 0 and 10 that best reflects your views (Tick ONE box only)

B2. How much do you think glaucoma would affect your life?

No effect
at all

1

2

3

4

5

6

7

8

9

10

Would
severely
affect my life

B3. How long do you think glaucoma lasts?

Very short
time

1

2

3

4

5

6

7

8

9

10

Forever

B4. Once a person has been diagnosed with glaucoma, how much control do you think they have over the disease?

Absolutely
no control

1

2

3

4

5

6

7

8

9

10

Extreme
amount of
control

B5. How helpful do you think treatment is for glaucoma?

Not at all

1

2

3

4

5

6

7

8

9

10

Extremely
helpful

B6. How much do you think a person with glaucoma would experience symptoms?

No symptoms
at all

1

2

3

4

5

6

7

8

9

10

Many severe
symptoms

B7. How concerned are you about getting glaucoma?

Not at all
concerned

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Extremely
concerned

B8. How well do you feel you understand glaucoma?

Don't
understand
at all

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Understand
very clearly

B9. How much does the possibility of getting glaucoma affect you emotionally?

Not at all
affected
emotionally

1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Extremely
affected
emotionally

B10. Please list in order of importance the 3 most important factors that you believe cause glaucoma

-
-
-

Section C - Can you tell us a little bit about yourself?

C1. Are you...

Male

Female

C2. What is your age?

years

C3. In general, would you say your health is... (please tick one box only)

Excellent

Very Good

Good

Fair

Poor

C4. Ethnic group

Please tick the box that best describes your ethnic group (please tick ONE box only)

White British

Mixed – White and Black Caribbean

Any other White background

Mixed – White and Black African

Black or Black British – Black Caribbean

Mixed – White and Asian

Black or Black British – Black African

Any other mixed background

Black or Black British
(Any other Black background)

Any other

Asian or Asian British

Prefer not to answer

Chinese

C5. Do you have diabetes (Type 1 or 2)?

Yes

No

C6. When did you last have your eyes tested?

Within the last 3 years	<input type="checkbox"/>	More than 10 years ago	<input type="checkbox"/>
Between 3 and 5 years ago	<input type="checkbox"/>	Never	<input type="checkbox"/>
Between 5 and 10 years ago	<input type="checkbox"/>		

C7. Are you short-sighted?

Yes No Don't know

C8. Is there a history of glaucoma in your family?

Yes No Don't know

Section D – Would you attend this eye health appointment?

Please choose a number between 1 and 7 (Tick ONE box only)

D1. Please imagine that you receive a letter inviting you to attend an eye health test. The letter contains the following information:

- a fixed appointment time that you can change if it is not convenient
- the test will be done at your Community Health Centre (GP surgery)
- the test takes about 15 minutes
- appointments are available outside of working hours

How certain are you that you would attend this eye health appointment?

I am certain I would <i>not</i> attend	1	2	3	4	5	6	7	I am certain I would attend
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				I am not sure				

End of questionnaire

Thank you very much for your time and patience in filling in this questionnaire

The information you have given us will be extremely useful to us

It will be treated with the strictest confidence and kept securely

Please send the questionnaire back to us in Aberdeen in the pre-paid envelope provided

If you would like further information or have any questions about the study, please contact:

The Eye Health Screening Study Co-ordinator – Dr. Maria Prior (Tel: 01224 559800)

This study is taking place across the UK but questionnaires are being processed in Aberdeen at the Health Services Research Unit, University of Aberdeen, Health Sciences Building, Foresterhill, ABERDEEN, AB25 2ZD