# A little about you:

- We want to understand questions asked by different groups of people.
- So we'd like to know a little more about you.
   We would be grateful if you could answer these questions:



## Which of the following best describes you?

A person living with diabetes

A carer or family member of someone living with diabetes

A healthcare professional

# If you're a healthcare professional, which best describes you?

Nurse

**General Practitioner** 

Diabetologist/Endocrinologist

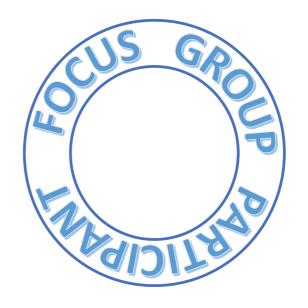
Dietician

Allied Ophthalmic Personnel

Optometrist

Ophthalmologist

Other (please specify): \_\_\_\_\_\_



# If you're a healthcare professional, do you provide:

Diabetes care

Eye care

**Both** 

# If you are a person living with diabetes, when were you diagnosed?

Less than one year ago.

Between one and five years ago.

Between five and ten years ago.

More than ten years ago.

I don't have diabetes.



# If you are a person living with diabetes, have you had an eye check-up since you were diagnosed?

Yes.

No.

I don't have diabetes.

# If you are a person living with diabetes, do you have eye health problems?

Yes, but not due to diabetes (for example, you have been wearing glasses but from before you had diabetes.)

Yes, due to diabetes (that means that a doctor told you that you have diabetic retinopathy or diabetic eye disease.)

No, my eyes are fine.

Not sure.

I don't have diabetes.

### What is your gender?



Man

Woman

Other (please specify):\_\_\_\_\_

I prefer not to say

### What is your age?

# What is your highest level of education?

Under 20 No formal schooling

20-29 Completed primary school

30-49 Completed secondary school

50-69 Completed bachelor degree or higher

70-89

90+

Do you live in an urban or rural area?

---- Urban

Rural

What is your cultural identity?

What country do you live in?

\_\_\_\_\_



By taking part in this initiative, you are agreeing that we can use and may publish some of your questions. BUT NO ONE WILL KNOW THAT IT IS YOU WHO HAS ASKED THESE QUESTIONS.

# WHAT'S NEXT? Would you like to help us to decide the <u>Top 10 questions</u> in the next stage?

- If yes, please provide your email address on this page.
- We will not share your email address with anyone else and we will only use your email address to contact you about this initiative.
- We'll keep your address separate from your answers, so this survey won't be linked to you.

Your email address: