

**Appendix 1: Summary of Questionnaire (complete questionnaire is available if requested)**

<b>Demographic Details</b>	Contact details Educational Qualification Years of experience Current job details Continuing Education
<b>Optometry Services</b>	Current mode/s of practice Clinical services Community services
<b>Clinical Services</b>	
a) Refraction and routine eye exam	Average number of patients examined Types of tests performed and their frequency Types of instruments used and frequency of use
b) Optical Dispensing	Details of ophthalmic lenses dispensed - design, material and enhancements Details of spectacle frames dispensed – design and material Average number of contact lens fits – total patients, new fits, refits
c) Contact Lenses	Types of instruments used and frequency of use Details of contact lenses dispensed - design, material and replacement schedule Average number of patients examined
d) Binocular Vision	Types of instruments used and frequency of use Types of treatment modalities/ Vision therapies prescribed and frequency of use
e) Low Vision	Details of patients examined - average number, type of defect, average chair time Type of low vision devices prescribed and frequency of use Average number of patients examined
f) Clinical Investigative Procedures	Types of instruments used and frequency of use for corneal evaluation, cataract evaluation, glaucoma evaluation, retina evaluation, electrophysiological procedures
<b>Academics and Research</b>	Subject/s taught and time spent in each Participation in practitioner education programs – frequency and subject/s taught Details of publications and presentations – national and international
<b>Corporate Optometry/ Administrators/Owners</b>	Details of teams managed Details of trainings – type of training, frequency and type of audience