

## APPENDIX

### Title: Study of Optical Aids for Reading (SOAR): Pilot Survey

This survey is intended to be taken **only** by licensed and actively practicing optometrists.

**To protect your anonymity and confidentiality, DO NOT write your name or any other personal identifiers on this survey.**

The purpose of this research survey is to understand current optometric practice patterns in patients with mild to moderate visual acuity loss (20/25 to 20/70).

This project being conducted by optometry faculty at the New England College of Optometry (NECO), Nova Southeastern University, and 2 private practitioners, one in New York and one in California. Please do not complete if you have submitted this survey online or at another CE event.

Your participation in this research survey is voluntary and there is no direct benefit to you. However, you will help us learn more about how optometrists manage patients with mild to moderate levels of vision loss. You may choose not to participate, or you may decide not to participate in this research survey without any consequences.

Filling out this survey should take less than 10 minutes. The survey questions will be about your management strategies for patients with minimal to moderate vision loss. By completing the survey, you are providing your consent to use your responses in any lectures or publications but your anonymity and confidentiality will be protected.

If you have any questions about the research study, please contact Dr. Alexis Malkin at [404-556-0832]. This research has been reviewed and approved by the NECO IRB.

### SURVEY QUESTIONS:

1. What is your practice modality? (*Circle all that apply*)
  - a. Private
  - b. Commercial
  - c. Hospital
  - d. Academic
  - e. Nursing home
  - f. Other \_\_\_\_\_
2. List the State/Province in which you currently practice \_\_\_\_\_
3. Please specify the total number of years you have been in practice \_\_\_\_\_
4. Circle all that apply to you:
  - a. completed an optometric residency
  - b. completed a low vision residency
  - c. practice some low vision
  - d. primary practice is low vision
  - e. none of the above
5. Please circle your gender:    Male      Female
6. Please indicate your patient volume in a typical day: \_\_\_\_\_
7. In a **typical 2-month period**, approximately how many patients do you see who have best-corrected VA 20/25-20/70 OU? (please do not include those who are being referred for surgical intervention)
  - a. None
  - b. 1 - 5
  - c. 6 -10
  - d. 10 - 50
  - e. 50+
8. Do you have a close friend or family member who has low vision?    Yes      No
9. At what level of VA loss do you tend to refer for low vision rehab services? \_\_\_\_\_
10. Have you been to a CE course on low vision in the past 2 years?    Yes      No

11. In a **typical 2-month period**, for your patients who had best-corrected **VA 20/25-20/40 OU**, approximately what percent of the time do you prescribe the following treatment options?

Treatment	Never	1-25%	26-50%	51-75%	76-100%
Spectacle Rx add powers: +3.00 to +3.75					
Spectacle Rx add powers: +4.00 to +4.75					
Spectacle Rx add powers: $\geq +5.00$					
A low vision device (e.g., hand held magnifier)					
Additional task lighting for near reading (e.g., desk lamp)					
Refer for low vision consultation (i.e., to a low vision optometrist, occupational therapist or rehabilitation therapist)					

12. In a **typical 2-month period**, for your patients who had best-corrected **VA 20/50-20/70 OU**, approximately what percentage of the time do you prescribe the following treatment options?

Treatment	Never	1-25%	26-50%	51-75%	76-100%
Spectacle Rx add powers: +3.00 to +3.75					
Spectacle Rx add powers: +4.00 to +4.75					
Spectacle Rx add powers $> +5.00$					
A low vision device (e.g., hand held magnifier)					
Additional task lighting for near reading (e.g., desk lamp)					
Refer for low vision (LV) consultation (i.e. to a low vision optometrist, occupational therapist or rehabilitation therapist)					

**13. Please prioritize the barriers that prevent you from making the above recommendations:**  
(i.e., indicate 1 for the greatest or most significant barrier, then 2 for the second greatest barrier, etc.;  
please only indicate the items that apply to you)

- ☐ No low vision (LV) provider locally
- ☐ Not satisfied with local LV provider
- ☐ Referral process is burdensome
- ☐ Lack of time
- ☐ Lack of proficiency with high adds
- ☐ Lack of proficiency with task lighting
- ☐ Not feasible to stock magnifiers in office
- ☐ Only see pediatric patients
- ☐ Other referral needed (e.g., medical, contact lens, cataract, LASIK, OMD)
- ☐ Uncertain if patient would benefit from LV rehab
- ☐ Patient does not have near reading needs
- ☐ Patient has other co-morbidities that limit LV rehab
- ☐ Patient not interested/would not go to LV rehab
- ☐ Cost of LV exam / devices

**Comments or other barriers**