Appendix: Ghana Dry Eye Survey

Demographics

1. (Gender:					
0	Male					
0	Female					
2. /	Age (in years):					
0	24 - 29					
0	30 - 34					
	35 - 39					
	40 - 49					
0	50- 59					
0	Above 59					
3. \	What is your field of practice?					
0	Ophthalmology					
0	Optometry					
4. I	4. How many years have you been in eye care practice?					
0						
0	4-6					
0	7 - 10					
O	11 - 15					
0	16 - 20					
0	More than 20					
5. In what region is your practice located?						
0	Ashanti					
0	Brong-Ahafo					
0	Central					
0	Eastern					
0	Greater-Accra					
0	Northern					
0	Upper East					

0	Upper West						
O	Volta						
O	Western						
6. V	Vhat is the nature of your practice?						
0	Independent practice						
0	Government practice						
О	Corporate/Group practice						
0	Training/Academic institution						
Dry	y eye practice						
7. C	o you routinely (at least one case per month) treat/manage dry eye?						
0	Yes						
0	No						
8. C	8. On average, how many tear film/ocular surface assessments do you perform each month?						
0	Zero						
0	1-10 per month (less than 3 per week)						
11-20 per month (3-5 per week)							
0	21-40 per month (6-10 per week)						
0	41-60 per month (11-15 per week)						
0	61-80 per month (16-20 per week)						
0	81-100 per month (21-25 per week)						
0	More than 100 per month (more than 25 per week)						
9. On average, how many dry eye diagnoses do you make each month?							
0	Zero						
0	1-10 per month (less than 3 per week)						
0	11-20 per month (3-5 per week)						
0	21-40 per month (6-10 per week)						
0	41-60 per month (11-15 per week)						
0	61-80 per month (16-20 per week)						
0	81-100 per month (21-25 per week)						
0	More than 100 per month (more than 25 per week)						

Aqueous-deficient dry eye				
Evaporative dry eye				
Combination (Aqueous-deficient and Evaporative)				
1. From the list below, select ry eye where "1st" is the mos		-	that you most commonly use to third most frequently used.	diagnos
	1st	2nd	3rd	
Clinical History	0	0	0	
Standard dry eye questionnaire	0	0	0	
Fluorescein tear break-up time	0	0	0	
Non-invasive tear break-up time	0	0	0	
Corneal fluorescein staining	0	0	0	
Conjunctival fluorescein staining	C	0	0	
Lissamine green staining	0	0	0	
Rose bengal staining	0	0	0	
Tear lake meniscus height	0	0	0	
Meibomian gland expression	0	0	0	
Lid meibography	0	0	0	
Schirmer I test (without anesthetic)	0	0	0	
Schirmer I test (with anesthetic)	0	0	0	
Schirmer II test (with nasal stimulation)	0	0	0	
Phenol red test	0	0	0	
Observation of interference fringes	0	0	0	
Tear film osmolarity	0	0	0	
MMP-9 test (Inflammadry®)	0	0	0	
Lactoferrin test	0	0	0	
Tear film pH	0	0	0	

10. Which type of dry eye do you frequently diagnose?

12. Rate how valuable the following tests/procedures are to you in diagnosing dry eye:

	Never Useful	Rarely useful	Sometimes useful	Useful most of the time	Always useful	I do not perform this procedure
Clinical history	0	0	0	0	0	0
Standardized dry eye questionnaire	0	0	0	0	0	0
Fluorescein tear break up time	0	0	0	0	0	0
Non-invasive tear break up time	0	0	0	0	0	0
Corneal fluorescein staining	0	0	0	0	0	0
Conjunctival fluorescein staining	0	0	0	0	0	0
Lissamine green staining	0	0	0	0	0	0
Rose bengal staining	0	0	0	0	0	0
Tear meniscus height	0	0	0	0	0	0
Meibomian gland expression	0	0	0	0	0	0
Meibography	0	0	0	0	0	0
Schirmer I test (without anesthetic)	0	0	0	0	0	0
Schirmer I test (with anesthetic)	0	0	0	0	0	0
Schirmer II test (with nasal stimulation)	0	0	0	0	0	
Phenol red test	0	0	0	0	0	0
Observation of interference fringes	0	0	0	0	0	0
Tear film osmolarity	0	0	0	0	0	0
MMP-9 test (Inflammadry®)	0	0	0	0	0	0
Lactoferrin test	0	0	0	0	0	0
Tear film pH	0	0	0	0	0	0

Lactoferrin test

13. What technique do you use most often to grade the severity of a dry eye?							
Using my own clinical intuition	Using my own clinical intuition						
Based upon patient's symptoms	Based upon patient's symptoms						
Combination of patient symptoms and 1-	Combination of patient symptoms and 1-3 clinical test results						
Combination of patient symptoms and gr	Combination of patient symptoms and greater than 3 clinical test results						
1-3 clinical test results (symptoms are not	1-3 clinical test results (symptoms are not considered)						
Greater than 3 clinical test results (sympt	Greater than 3 clinical test results (symptoms are not considered)						
Standardized dry eye grading scheme/sca	ale (e.g. Dry Eye Workshop	grading scheme, etc.)					
Treatment/Management							
14. Which, if any, of the following therapies do you recommend for a patient with each of the three levels of severity (mild, moderate, severe) of dry eye? (Do not select more than 6 choices for each level of severity)							
	Mild Dry eye	Moderate Dry eye	Severe Dry eye				
No treatment is necessary							
Non-preserved lubricant drops							
Non-preserved gels							
Preserved lubricant drops							
Preserved gels							
Topical ointment							
Topical corticosteroids							
Topical non-steroidal anti-inflammatory drops							
Systemic tetracycline/doxycycline							
Topical Cyclosporine (Restasis)							
Increased dietary intake of omega-3 fatty acid							
Omega-3 supplementation							
Punctal plugs							
Thermal Pulsation treatment (e.g. LipiFlow)							
Eyelid hygiene (e.g., warm compresses, lid scrubs)							
Scleral contact lenses							
Referral							

15. What are the two most important influences on your current management approach for dry eye?							
Graduate professional (medical or optometry) training							
Op	Ophthalmology residency						
Op	Optometry residency						
□ _{Pe}	Peer-reviewed journal articles						
Re	Recommendations/opinions from colleagues						
Pro	Product information/pharmaceutical company representatives						
Co	Continuing education conferences or events						
Or	On-line resources						
16. For each of the following case scenarios, indicate how frequently you would refer to an ophthalmologist for dry eye management? (Optometrists only)							
		I would never refer this patient	I would refer approximately half of the time	I would always refer this patient			
In the presence of a co- existing systemic disease (e.g., Sjögren's syndrome, Systemic Lupus Erythematous)		0	c	c			
When	dry eye is onsive to	0	0	0			
	dry eye is ed in a child	0	0	0			
interve cauteri blepha	a surgical ention (punctal ization, roplasty, or haphy) is needed	0	0	0			
system require tetracy	prescription of a nic medication is ed (e.g vcline/doxycycline, -3 supplements)	0	0	c			
When places	punctal plugs are uired	0	0	0			
	presence of dry eye	0	0	C			

17. Do you encounter any challenges/limitations when trying to effectively diagnose and treat dry eye (e.g. equipment or medication availability, training, treatment cost, etc)?					
Yes					
C No					
Instrumentation/Barriers to dry ey	e practice				
18. From the list below, select 1-2 challenge(s) you face in diagnosing and treating dry eye. If you feel that more than 2 apply, please select the two that limit you the most.					
Inadequate training on diagnostic/management	Inadequate training on diagnostic/management strategies				
Unavailability of advanced dry eye diagnostic t	tools/instrumentation				
Unavailability of effective dry eye medication	navailability of effective dry eye medication on the Ghanaian market				
Patients' inability to afford cost of dry eye trea	atment				
19. From the list below, indicate which diag	nostic tools are available/	not available to you in your practice.			
	Available	Not available			
Schirmer strip	0	0			
phenol red thread	0	0			
Fluorescein dye	0	O			
Lissamine green dye	0	О			
Rose bengal dye	0	0			
MMP-9 test kit (Inflammadry®)	0	0			
Lactoferrin testing system	0	0			
Meibography device	0	О			
Slit lamp	0	О			
Tear osmolarity technology (eg: TearLab®)	0	О			
Dry eye symptoms questionnaire	0	О			
Keratometer	0	0			