**APPENDIX**

**OPTOMETRIST INFORMATION**

**TO PROTECT YOUR CONFIDENTIALITY THIS PAGE WILL BE REMOVED FROM SURVEY AND KEPT SEPERATELY FROM YOUR SURVEY RESPONSES**

**Information from the top portion of this page will be used only to contact you regarding survey questions that have missing or unclear responses and to determine eligibility in the current study or interest in participating in future studies. The bottom portion will be separated and used to enter you in a lottery for a Kindle Fire HDX 7" Tablet**

**Name:** _____

**Telephone Number:** |__|__|__| |__|__|__| - |__|__|__|__|
**Area Code** **Number**

**In which county or counties do you practice optometry? (Please check all that apply)**

Allegeny ☐
Cattaraugus ☐
Chautauqua ☐
Erie ☐
Genesee ☐
Niagara ☐
Orleans ☐
Wyoming ☐
Other ☐

- - - - - - - - - - - - - - - - - - - - - - - - - - - - LOTTERY ENTRY - - - - - - - - - - - - - - - - - - - -

**Name:** _____

**Telephone Number:** |__|__|__| |__|__|__|__| - |__|__|__|__|__|
**Area Code** **Number**

**Email address:**
_____

**Mailing Address:**
_____

## GENERAL INFORMATION

**PLEASE NOTE THAT THIS SURVEY IS PRINTED ON BOTH SIDES OF THE PAPER**

**1. What is today's date?** |__|__| - |__|__| - |__|__|__|__|
MONTH DAY YEAR

**2. What is your sex?** ☐ Male
☐ Female

**3. What is your year of birth?** |__|__|__|__|
YEAR

**4. What year did you graduate from optometry school?** |__|__|__|__|
YEAR

**5. How many years have you been in practice?** |__|__|
NUMBER OF YEARS

**6. What type of practice do you do optometry in? (The place you practice the majority of the time)**

☐ Private practice which I am the owner or co-owner
☐ Employed in someone else's private practice
☐ Commercial practice (e.g. Lenscrafter's, Sears optical)
☐ Ophthalmology practice
☐ Other (specify)_____

7. **How many patients do you see <u>in a typical week?</u>** |__|__|__|__|
NUMBER

8. **On average, how much time (in minutes) do you spend with each patient?** |__|__|
MINUTES

9. **Approximately what percentage of your patients is Caucasian?** |__|__|__|%

10. **Approximately what percentage of your patients is over 65?** |__|__|__|%

11. **Approximately what percentage of your patients has diabetes?** |__|__|__|%

12. **Approximately what percentage of your patients visit you more than once (i.e. returning patients, do <u>not</u> count follow up visits)?** |__|__|__|%

13. **Do you obtain information from your patients about the following?**

| | **Yes** | **No** |
|---|---|---|
| A. Weight and height | ☐ | ☐ |
| B. Blood pressure | ☐ | ☐ |
| C. Smoking status | ☐ | ☐ |
| D. Diabetes status | ☐ | ☐ |
| E. Overall Diet Pattern/Dietary intake | ☐ | ☐ |
| F. Alcohol use | ☐ | ☐ |
| G. Physical activity | ☐ | ☐ |
| H. Medication use | ☐ | ☐ |
| I. Dietary supplements | ☐ | ☐ |

14. **Do you routinely offer <u>any</u> advice to patients on <u>lifestyle practices</u> such as diet, dietary supplement use, exercise, smoking, alcohol use or physical activity?**

☐ I offer lifestyle advice to all my patients
☐ Only to those with certain conditions
☐ No, I do not offer this type of advice → **PLEASE COMPLETE SURVEY B ON PAGE 12**
****DO NOT COMPLETE SURVEY A****

**15. For those patients to whom you give lifestyle advice, on average, how much time per patient do you spend giving this advice?** |__|__|
MINUTES

**PLEASE COMPLETE SURVEY A**
**BEGINNING ON PAGE 4**
****DO NOT COMPLETE SURVEY B****

# SURVEY A

## SURVEY A - SMOKING

**16. Which patients do you advise about smoking? (Check all that apply)**

**If you gave one of these responses go to question 16A**

☐ (1) All patients
☐ (2) Patients that report being current smokers
Patients with the following conditions:

☐ (3) Dry Eye
☐ (4) Glaucoma
☐ (5) Diabetic retinopathy
☐ (5) Age-related macular degeneration
☐ (7) Cataract
☐ (8) Diabetes
☐ (9) Cardiovascular disease
☐ (10) Other (specify)_____

☐ (11) Other patients (Please specify)_____
☐ (12) **I don't advise patients on smoking cessation → go to question 16B**

**16A. What type of advice do you give your patients about smoking? (Check all that apply)**

☐ (1) I mention that smoking can affect their vision
☐ (2) I mention that smoking can affect their overall health
☐ (3) I give them a pamphlet and/or have them watch a video about smoking cessation
☐ (4) I suggest nicotine replacement therapy (i.e., patch, gum)
☐ (5) I advise them to see their physician about smoking cessation
☐ (6) I refer them to a smoking cessation program (e.g., NYS Quitline)
☐ (8) Other (specify)_____

_____

**DO NOT ANSWER QUESTION 16B →GO TO QUESTION 17**

**16B. Why don't you advise your patients about smoking? (Check all that apply)**

☐ (1) Lack of time during the appointment
☐ (2) I do not have the proper training/knowledge to offer smoking cessation advice
☐ (3) Smokers are not receptive to smoking cessation advice
☐ (4) My advice will do little to change a patient's smoking habits
☐ (5) There is no scientific evidence that smoking influences eye health
☐ (8) Other (specify)_____

_____

**DO NOT ANSWER QUESTION 16A→GO TO QUESTION 17**

## SURVEY A - ALCOHOL CONSUMPTION

**17. Which patients do you advise on <u>alcohol consumption</u>? (Check all that apply)**

**If you gave one of these responses go to question 17A**

☐ (1) All patients
☐ (2) Patients that report consuming excess alcohol
Patients with the following conditions:
☐ (3) Dry Eye
☐ (4) Glaucoma
☐ (5) Diabetic retinopathy
☐ (5) Age-related macular degeneration
☐ (7) Cataract
☐ (8) Diabetes
☐ (9) Cardiovascular disease
☐ (10) Other (specify)_____
☐ (11) Other patients (Please specify)_____
☐ (12) **I do not give advice on alcohol consumption →go to question 17B)**

**17A. What type of advice do you give to your patients about <u>alcohol consumption?</u> (Check all that apply)**

☐ (1) I mention that excess alcohol consumption can affect their vision
☐ (2) I mention that excess alcohol consumption can affect their overall health
☐ (3) I give them a pamphlet and/or have them watch a video about alcohol consumption
☐ (4) I advise them to see their primary care physician about excess alcohol consumption
☐ (5) I refer them to an alcohol cessation or counseling program (example: Alcoholics Anonymous)
☐ (8) Other (specify) _____

_____

**DO NOT ANSWER QUESTION 17B →GO TO QUESTION 18**

**17B. Why don't you advise your patients about <u>alcohol consumption</u>?**

**(Check all that apply)**

☐ (1) Lack of time during the appointment
☐ (2) I do not have the proper training/knowledge to offer alcohol consumption advice
☐ (3) Drinkers are not receptive to advice on alcohol consumption
☐ (4) My advice will do little to change a patient's drinking habits
☐ (5) There is no scientific evidence that alcohol consumption influences eye health
☐ (8) Other(specify)_____

_____

**DO NOT ANSWER QUESTION 17A→GO TO QUESTION 18**

## SURVEY A - PHYSICAL ACTIVITY

**18. Which patients do you advise on <u>physical activity</u>? (Check all that apply)**

☐ (1) All patients

☐ (2) Patie[illegible]y lifestyle

Patients with the following conditions:

- ☐ (3) Dry Eye
- ☐ (4) Glaucoma
- ☐ (5) Diabetic retinopathy
- ☐ (5) Age-related macular degeneration
- ☐ (7) Cataract
- ☐ (8) Diabetes
- ☐ (9) Cardiovascular disease
- ☐ (10) Other (specify)_____

☐ (11) Other patients (Please specify)_____

☐ (12) **I do not give advice on physical activity → go to question 18B**

**If you gave one of these responses go to question 18A**

**18A. What type of advice do you give to your patients about <u>physical activity</u>? (Check all that apply)**

☐ (1) I mention that lack of physical activity can affect their vision

☐ (2) I mention that lack of physical activity can affect their overall health

☐ (3) I give them a pamphlet and/or have them watch a video about physical activity

☐ (4) I advise them to speak to their physician about physical activity

☐ (5) I refer them to physical activity program (example: YMCA)

☐ (8) Other (specify) _____

_____

**DO NOT ANSWER QUESTION 18B →GO TO QUESTION 19**

**18B. Why don't you advise your patients about <u>physical activity</u>? (Check all that apply)**

☐ (1) Lack of time during the appointment

☐ (2) I do not have the proper training/knowledge to offer advice about physical activity

☐ (3) Patients are not receptive to advice about physical activity

☐ (4) My advice will do little to change a patient's physical activity habits

☐ (5) There is no scientific evidence that physical activity influences eye health

☐ (8) Other (specify)_____

_____

**DO NOT ANSWER QUESTION 18A →GO TO QUESTION 19**

## SURVEY A - HEALTHY EATING

**19. Which patients do you advise on the benefits of <u>healthy eating/ a healthy diet</u>? (Check all that apply)**

☐ (1) All patients

☐ (2) Patie l dietary habits

Patients with the following conditions:

☐ (3) Dry Eye
☐ (4) Glaucoma
☐ (5) Diabetic retinopathy
☐ (5) Age-related macular degeneration
☐ (7) Cataract
☐ (8) Diabetes
☐ (9) Cardiovascular disease
☐ (10) Other (specify)_____

☐ (11) Other patients (Please specify)_____

☐ (12) **I do not give advice on the benefits of healthy eating/ a healthy diet → go to question 19B**

**If you gave one of these responses go to question 19A**

**19A. What type of advice do you give to your patients about the benefits of <u>healthy eating/ consuming a healthy diet</u>? (Check all that apply)**

☐ (1) I mention that dietary intake can affect vision
☐ (2) I mention that dietary intake can affect overall health
☐ (3) I give them a pamphlet and/or have them watch a video about the importance of consuming a healthy diet
☐ (4) I advise them to see their physician/dietician/nutritionist for dietary advice
☐ (5) I refer them to a dietary management program (e.g. Weight Watchers)
☐ (8) Other (specify) _____

_____

**DO NOT ANSWER QUESTION 19B →GO TO QUESTION 20**

**19B. Why don't you advise your patients about the benefits of <u>healthy eating/ consuming a healthy diet</u>? (Check all that apply)**

☐ (1) Lack of time during the appointment
☐ (2) I do not have the proper training/knowledge to offer dietary advice
☐ (3) Patients with poor diets are not receptive to dietary advice
☐ (4) My advice will do little to change a patient's dietary habits
☐ (5) There is no scientific evidence that diet influences eye health
☐ (8) Other(specify)_____

_____

**DO NOT ANSWER QUESTION 19A→GO TO QUESTION 20**

## SURVEY A - DIETARY SUPPLEMENTS

**20. Which patients do you advise on <u>dietary supplements</u>? (Check all that apply)**

**If you gave one of these responses go to question 20A**

☐ (1) All patients
☐ (2) Patients who report suboptimal dietary habits
- ☐ (3) Dry Eye
- ☐ (4) Glaucoma
- ☐ (5) Diabetic retinopathy
- ☐ (5) Age-related macular degeneration
- ☐ (7) Cataract
- ☐ (8) Diabetes
- ☐ (9) Cardiovascular disease
- ☐ (10) Other (specify)_____

☐ (11) Other patients (Please specify)_____
☐ (12) **I do not give advice on dietary supplements → go to question 20B**

**20A. What type of advice do you give to your patients about <u>dietary supplements</u>? (Check all that apply)**

☐ (1) I mention that dietary supplements can affect vision
☐ (2) I mention that dietary supplements can affect overall health
☐ (3) I give them a pamphlet and/or have them watch a video about dietary supplements
☐ (4) I advise them to see their physician/dietician/nutritionist for advice about dietary supplements
☐ (8) Other (specify) _____

_____

**DO NOT ANSWER QUESTION 20B →GO TO QUESTION 21**

**20B. Why don't you advise your patients on <u>dietary supplements</u>? (Check all that apply)**

☐ (1) Lack of time during the appointment
☐ (2) I do not have the proper training/knowledge to offer advice on dietary supplements
☐ (3) Patients are not receptive to advice on dietary supplements
☐ (4) My advice will do little to change a whether or not a patient takes dietary supplements
☐ (5) There is no scientific evidence to show that dietary supplements influence eye health
☐ (8) Other(specify)_____

**DO NOT ANSWER QUESTION 20A→GO TO QUESTION 21**

## SURVEY A - SPECIFIC FOODS AND SUPPLEMENTS

**21. Which patients do you advise on specific foods and supplements? (Check all that apply)**

**If you gave one of these responses fill in question 21A**

☐ (1) All patients
☐ (2) Patients who report suboptimal dietary habits
Patients with the following conditions:

☐ (3) Dry Eye
☐ (4) Glaucoma
☐ (5) Diabetic retinopathy
☐ (5) Age-related macular degeneration
☐ (7) Cataract
☐ (8) Diabetes
☐ (9) Cardiovascular disease
☐ (10) Other (specify)_____
☐ (11) Other patients (Please specify)_____

☐ (12) **I do not give advice on specific foods and supplements → go to question 21B**

| 21A. | Do not offer advice on this food/nutrient | I offer advice to all patients on this nutrient | I only offer advice to some patients on this food/ nutrient (explain) |
|---|---|---|---|
| **Fruits and vegetables** | ☐ | ☐ | ☐ _____ |
| **Red meat** | ☐ | ☐ | ☐ _____ |
| **Leafy greens** | ☐ | ☐ | ☐ _____ |
| **Vitamin D rich foods** | ☐ | ☐ | ☐ _____ |
| **Fish** | ☐ | ☐ | ☐ _____ |
| **Flax seed** | ☐ | ☐ | ☐ _____ |
| **Omega-3 fish oil supplements** | ☐ | ☐ | ☐ _____ |
| **Vitamin D supplements** | ☐ | ☐ | ☐ _____ |
| **Lutein and zeaxanthin supplements** | ☐ | ☐ | ☐ _____ |
| **High dose antioxidant supplements** | ☐ | ☐ | ☐ _____ |
| **Multivitamin supplements** | ☐ | ☐ | ☐ _____ |

**21B. Why don't you give advice on specific foods and supplements? (Check all that apply)**

☐ (1) Lack of time during the appointment
☐ (2) I do not have the proper training/knowledge to offer advice on specific foods or nutrients
☐ (3) Patients are not receptive to advice on specific foods or nutrients
☐ (4) My advice will do little to change a whether or not a patient consumes specific foods or nutrients
☐ (5) There is no scientific evidence that specific foods or nutrients influence eye health
☐ (8) Other (specify)
_____

## COMMENTS

**Please use this space to provide any additional information you feel is important about offering lifestyle advice to patients:**

**Thank you for your time!**

# SURVEY B

**SURVEY B - PLEASE COMPLETE ONLY IF YOU DO NOT GIVE LIFESTYLE ADVICE TO YOUR PATIENTS**

**15. Why don't you give lifestyle advice to your patients? (Please check all that apply)**

☐ (1) Lack of time during the appointment
☐ (2) I do not have the proper training/knowledge to offer lifestyle advice
☐ (3) Patients are not receptive to lifestyle advice
☐ (4) My advice will do little to change a patient's lifestyle
☐ (5) There is no scientific evidence that lifestyle influences eye health
☐ (0) Other (specify) _____

_____

**Thank you for your time!**