

APPENDIX 1: QUESTIONNAIRE ITEMS

Part 1: Participants Demographics

Age (years)	
Experience (years)	
Gender	(Mark with X)
F	
M	
Institute of graduation	(Mark with X)
Local university	
Local intermediate college	
International university/ college	
Qualifications	(Mark with X)
Diploma	
Bachelor	
Higher education	
Nomenclature/ description of the optometry profession	(Mark with X)
Refractionist	
Dispensing optician	
Contact lenses specialist	
Workplace	(Mark with X)
Optical center	
Private eye clinic/ hospital	
Public hospital/ health center	
Optometry school	
Location of workplace	(Mark with X)
Amman	
Irbid	
Al-Zarqa	
South Jordan	
Ajlun	
Jerash	
Al-Balqaa	
Al-Mafrak	

Part 2: Scope of Practice (A total of 51 items)

A. Do you provide any of the following services/tests?

Service/ test	Yes	No
1. Distance visual acuity		
2. Refraction		
3. Near visual acuity		
4. Contrast sensitivity		
5. Cycloplegic refraction		
6. Binocular vision		
7. Pediatric examination		
8. Spectacles dispensing		
9. Contact lenses fitting		
10. Ophthalmoscopy/fundus exam		
11. Special diagnostic and advanced tests		
12. Low vision and vision rehabilitation		
13. Vision therapy		
14. Ocular prosthesis		
15. Prescribing ocular medications		
16. Community eye-care		

B. If you did not provide any of the above-mentioned services or tests, what is the main reason for the non-provision of each service or test?

Service/ test (Mark the most important reason with an X)	Reasons for not providing any of the above-mentioned optometry services/ tests					
	License/profession regulations constraints	Lack of equipment	Lack of knowledge/skill	Not part of job description at my workplace	Time constraints	Not interested
1. Distance visual acuity						
2. Refraction						
3. Near visual acuity						
4. Contrast sensitivity						
5. Cycloplegic refraction						
6. Binocular vision						
7. Pediatric examinations						
8. Spectacles dispensing						
9. Contact lenses fitting						
10. Ophthalmoscopy/ fundus exam						
11. Special diagnostic and advanced tests						
12. Low vision and vision rehabilitation						
13. Vision therapy						
14. Ocular prosthesis						
15. Prescribing ocular medications						
16. Community eye-care						

C. How often do you refer to the following professionals/specialists?

Professionals/ specialists (Mark with X)	A few times a week	Once a week	Once a month	Once in six months	Never
1. General practitioners					
2. Ophthalmologists					
3. Other optometry professionals					
4. Other health professionals/specialists					

D. How often do you refer for the following conditions/causes?

Cases/ disorders (Mark with X)	A few times a week	Once a week	Once a month	Once in six months	Never
1. Ocular adnexal disorders					
2. Keratoconus					
3. Cataract					
4. Other anterior segment disorders					
5. High intraocular pressure (IOP)					
6. Vitreous disorders					
7. Retinal disorders					
8. Binocular vision disorders					
9. Low vision cases					

E. The future: expanding the scope of optometry practice.

	Strongly agree	Agree	Disagree	Strongly disagree	
1. Do you think that optometry professionals should be able to prescribe ocular medications?					
2.Do you have the knowledge to diagnose adnexal and anterior segment disorders?					
3. Do you have adequate knowledge to prescribe for or manage adnexal and anterior segment disorders?					
	Yes			No	
4. Do you wish to use ocular medications for diagnosis or management of adnexal and anterior segment disorders?					
5. Are you interested to undertake further training to be allowed to use ocular medications for diagnosis or management of adnexal and anterior segment disorders?					
	Less than 5%	5-10%	11-20%	21-30%	More than 30%
6. What is the proportion of referrals that you could avoid if you were permitted to use or prescribe ocular medications?					