

Date	Time	Comments	Interviewer
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Date Completed Survey	Comments	Interviewer
__/__/____		

Clinic/Agency/Practice Name \_\_\_\_\_ City, State \_\_\_\_\_

Hello, my name is \_\_\_\_\_, and I am calling from the Department of Ophthalmology at the University of Alabama at Birmingham. May I please speak to {*name of provider on our list; if only a clinic or agency name, ask for the Chief of Service*}?

1. Yes
2. No
3. We do not have a chief of service. (*In which case ask for whoever is in charge of the practice/program and determine through that person who the main provider is or who one of the main providers is. That is the person we need to speak to.*)

When you finally determine who your respondent is, place their name here:

\_\_\_\_\_

What is this person's profession?

- Ophthalmologist
- Non-ophthalmologist medical doctor
- Optometrist
- Occupational therapist
- Vision Rehab Professional
- Teacher (Educator) of the Visually Impaired
- Social Worker
- Orientation and Mobility Specialist
- Psychologist
- Person in training (e.g. resident)
- Other, specify: \_\_\_\_\_

Hello. I'm calling from the Department of Ophthalmology at the University of Alabama at Birmingham. We are conducting a survey to gather information about the characteristics of low vision rehabilitation services as they are provided in the U.S. today. (*In some agencies, these services are called visual rehabilitation services.*) You may recall receiving a letter we sent you telling you about this survey. This study is sponsored by the National Institutes of Health. Do you have about 10-15 minutes to answer some questions about your services?

1. Yes \_\_\_\_\_ Great, let's get started.
2. No \_\_\_\_\_ When would be a more convenient time to call you back? \_\_\_\_\_

We appreciate your taking the time to participate in this survey. Thank you for being candid with us in answering the following questions. Your answers are entirely confidential in that they will never be associated with you or attributed to you personally or to your agency/clinic. We are simply trying to get a general idea of the way low vision rehabilitation is typically practiced in the United States.

Before we get started I'd just like to verify that this is the (*Name of practice above*) in (*City and State above*).

First I'd like to ask you for some general information about your clinic/agency/practice.

1. I'm going to read you a list of types of service agencies. After hearing the entire list, please indicate which of the following best describes the type of service agency in which you work.
  1. Rehabilitation hospital
  2. General hospital
  3. Outpatient rehabilitation center
  4. Private ophthalmology practice
  5. Private optometric practice
  6. University-based ophthalmology practice
  7. University-based optometry practice
  8. Independent service for the visually impaired
  9. Government agency (e.g., state agency)
  10. Other, specify: \_\_\_\_\_
  11. Don't know
  
2. Does your clinic/agency/practice have an academic affiliation?
  1. Yes
  2. No
  3. Don't know

2a. If yes, with what academic institution? \_\_\_\_\_
  
3. Does your low vision rehabilitation service provide services in languages other than English?
  1. Yes
  2. No
  3. Don't know
  
4. What are the regular operating hours at your low vision rehabilitation service?  
\_\_\_\_\_  
\_\_\_\_\_  
 Don't know
  
5. What is your best estimate of the typical time between the call for an appointment and the first available appointment in your low vision rehabilitation service? Please listen to the entire list of choices and then give me your best estimate.
  1. Less than 1 week
  2. 1 to 2 weeks
  3. 3 to 4 weeks
  4. 5 to 6 weeks
  5. 7 to 8 weeks
  6. Greater than 2 months
  7. Don't know
  
6. Which category best describes the average wait time for clients, upon arrival, in your low vision rehabilitation service? Please listen to the entire list of choice and then give me your best estimate.
  1. Less than 15 minutes
  2. 30 minutes
  3. 45 minutes
  4. 1 hour
  5. Greater than 1 hour
  6. Don't know

7. I'm going to read you a list of various services for clients with low vision. Please let me know which services are available at your low vision rehabilitation clinic/agency/practice.

- 1. Determination of client's visual rehabilitation needs and goals
- 2. Ocular examination including assessment of visual function
- 3. Optical aid fitting and dispensing with basic training in device use
- 4. Optical aid fitting and dispensing with intensive or advanced training in device use
- 5. Orientation and mobility training
- 6. Eccentric viewing training or training in preferred retinal loci.
- 7. Scanning strategy training
- 8. Psychological or counseling services
- 9. Support groups (for clients and/or families)
- 10. Social work services
- 11. Driving rehabilitation
- 12. Home-based visits for education or training
- 13. Other; specify: \_\_\_\_\_
- 14. I don't know what services are available at my low vision rehab clinic/agency/practice.

8. If a client needs services that are not available at your clinic/agency/practice, where do you refer them?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. This clinic/agency/practice doesn't make referrals.
- 4. Don't know

9. How many clinics offering low vision rehabilitation services are located: (Please just do the best you can in providing these estimates.)

- 1. Within 20 miles of your clinic \_\_\_\_\_  Don't know
- 2. Within 50 miles of your clinic \_\_\_\_\_  Don't know
- 3. Within 100 miles of your clinic \_\_\_\_\_  Don't know
- 4. Within 200 miles of your clinic \_\_\_\_\_  Don't know

10. I'm going to read you a list of types of low vision rehabilitation providers. Please indicate how many of each type work full-time in your low vision rehabilitation clinic/agency/practice?

- \_\_\_\_\_ Ophthalmologist
- \_\_\_\_\_ Non-ophthalmologist medical doctor
- \_\_\_\_\_ Optometrist
- \_\_\_\_\_ Occupational therapist
- \_\_\_\_\_ Vision Rehab Professional (sometimes called Vision Rehab Teacher)
- \_\_\_\_\_ Educator of the Visually Impaired (professionals typically with special educ. degrees)
- \_\_\_\_\_ Social Worker
- \_\_\_\_\_ Orientation and Mobility Specialist
- \_\_\_\_\_ Psychologist
- \_\_\_\_\_ Person in training (e.g. resident)
- \_\_\_\_\_ Other, specify: \_\_\_\_\_
- \_\_\_\_\_ Other, specify: \_\_\_\_\_
- \_\_\_\_\_ Other, specify: \_\_\_\_\_
- \_\_\_\_\_ No providers work full-time in my clinic/agency/practice.
- Don't know

11. I'm going to read you a list of types of low vision rehabilitation providers. Please indicate how many of each type work part-time in your low vision rehabilitation clinic/agency/practice.

- \_\_\_\_\_ Ophthalmologist
- \_\_\_\_\_ Non-ophthalmologist medical doctor
- \_\_\_\_\_ Optometrist
- \_\_\_\_\_ Occupational therapist
- \_\_\_\_\_ Vision Rehab Professional (sometimes called Vision Rehab Teacher)
- \_\_\_\_\_ Educator of the Visually Impaired (professionals typically with special educ. degrees)
- \_\_\_\_\_ Social Worker
- \_\_\_\_\_ Orientation and Mobility Specialist
- \_\_\_\_\_ Psychologist
- \_\_\_\_\_ Person in training (e.g. resident)
- \_\_\_\_\_ Other, specify: \_\_\_\_\_
- \_\_\_\_\_ Other, specify: \_\_\_\_\_
- \_\_\_\_\_ Other, specify: \_\_\_\_\_
- \_\_\_\_\_ No providers work part-time in my clinic/agency/practice.
- Don't know

12. Did the ophthalmologist(s) and/or optometrist(s) in your clinic/agency/practice complete any formal training in low vision rehabilitation such as a fellowship or residency?

- a.  There is no ophthalmologist in our clinic.
- b. Ophthalmologist #1
  - 1. Yes
  - 2. No
  - 3. Don't know
- c. Ophthalmologist #2
  - 1. Yes
  - 2. No
  - 3. Don't know
- d. Ophthalmologist #3
  - 1. Yes
  - 2. No
  - 3. Don't know
- e.  There is no optometrist in our clinic.
- f. Optometrist #1
  - 1. Yes
  - 2. No
  - 3. Don't know
- g. Optometrist #2
  - 1. Yes
  - 2. No
  - 3. Don't know
- h. Optometrist #3
  - 1. Yes
  - 2. No
  - 3. Don't know

13. Do the providers in your low vision rehabilitation clinic/agency/practice meet as a team to discuss the management and care of specific clients?

- 1. Yes
- 2. No
- 3. We only have one low vision rehabilitation professional
- 4. Don't know

a. If yes, to what extent do you have these meetings for all clients? Team meetings are held:

- 1. For all clients
- 2. For most clients
- 3. For some clients
- 4. Rarely
- 5. Never
- 6. Don't know

14. I'm going to read you a list of types of low vision rehabilitation providers. What type of professional do clients first interact with when they come for a first-time visit to your clinic/agency/practice? *(If they answer the receptionist or the ophthalmic or optometric technician/assistant, ask them who is the next professional after that.)*

- 1. Ophthalmologist
- 2. Non-ophthalmologist medical doctor
- 3. Optometrist
- 4. Occupational therapist
- 5. Vision Rehab Professional (sometimes called Vision Rehab Teacher)
- 6. Educator of the Visually Impaired (professionals typically with special educ. degrees)
- 7. Social Worker
- 8. Orientation and Mobility Specialist
- 9. Psychologist
- 10. Don't know

15. I'm going to read you a list of types of low vision rehabilitation providers. Who decides whether a low vision rehabilitation client will be referred for occupational therapy services? *(Check all that apply.)*

- 1. Ophthalmologist
- 2. Non-ophthalmologist medical doctor
- 3. Optometrist
- 4. Occupational therapist
- 5. Vision Rehab Professional (sometimes called Vision Rehab Teacher)
- 6. Educator of the Visually Impaired (professionals typically with special educ. degrees)
- 7. Social Worker
- 8. Orientation and Mobility Specialist
- 9. Psychologist
- 10. We do not refer for occupational therapy services.
- 11. Don't know

16. I'm going to read you a list of types of low vision rehabilitation providers. Who decides whether a low vision rehabilitation client will be referred for vision rehabilitation professional services (other than occupational therapy services)? (Here I am referring to professionals such as vision rehabilitation teachers, orientation and mobility specialists, educators of the visually impaired). *(Check all that apply.)*

- 1. Ophthalmologist
- 2. Non-ophthalmologist medical doctor
- 3. Optometrist
- 4. Occupational therapist
- 5. Vision Rehab Professional (sometimes called Vision Rehab Teacher)
- 6. Educator of the Visually Impaired (professionals typically with special educ. degrees)
- 7. Social Worker
- 8. Orientation and Mobility Specialist
- 9. Psychologist
- 10. We do not refer for vision rehabilitation professional services.
- 11. Don't know

17. I'm going to read you a list of types of low vision rehabilitation providers. Who decides whether a low vision rehabilitation client will be referred for psychological services? (*Check all that apply.*)

- 1. Ophthalmologist
- 2. Non-ophthalmologist medical doctor
- 3. Optometrist
- 4. Occupational therapist
- 5. Vision Rehab Professional (sometimes called Vision Rehab Teacher)
- 6. Educator of the Visually Impaired (professionals typically with special educ. degrees)
- 7. Social Worker
- 8. Orientation and Mobility Specialist
- 9. Psychologist
- 10. We do not refer for psychological services.
- 11. Don't know

18. I'm going to read you a list of types of low vision rehabilitation providers. Who decides whether a low vision rehabilitation client will be referred for social work services? (*Check all that apply.*)

- 1. Ophthalmologist
- 2. Non-ophthalmologist medical doctor
- 3. Optometrist
- 4. Occupational therapist
- 5. Vision Rehab Professional (sometimes called Vision Rehab Teacher)
- 6. Educator of the Visually Impaired (professionals typically with special educ. degrees)
- 7. Social Worker
- 8. Orientation and Mobility Specialist
- 9. Psychologist
- 10. We do not refer for social work services.
- 11. Don't know

Now I'd like to ask you general information about the clients seen in your low vision rehabilitation clinic/agency/practice.

19. Please estimate how many total clients your agency sees for low vision rehabilitation services each week.

\_\_\_\_\_  Don't know

20. I'm going to read you a list of age ranges. Please estimate what percentage of your low vision rehabilitation clients fall within the following age categories: (You do not have to know precisely. We are just looking for your best estimate.)

- \_\_\_\_\_ Under 20
- \_\_\_\_\_ 20 to 59
- \_\_\_\_\_ 60 to 79
- \_\_\_\_\_ 80 and over
- Don't know

21. I'm going to read you a list of ethnic/racial groups. Please estimate what percentage of your low vision rehabilitation clients fall into each group. (You do not have to know precisely. We are just looking for your best estimate.)

\_\_\_\_\_ White, non-Hispanic  
 \_\_\_\_\_ African-American  
 \_\_\_\_\_ Hispanic  
 \_\_\_\_\_ Asian  
 \_\_\_\_\_ Native American  
 \_\_\_\_\_ Other  
 Don't know

22. Please estimate what percentage of your low vision rehabilitation clients are male and female: (You do not have to know precisely. We are just looking for your best estimate.)

\_\_\_\_\_ Male  
 \_\_\_\_\_ Female  
 Don't know

23. I'm going to read you a list of health insurance types. Please estimate what percentage of your low vision rehabilitation clients have the following kinds of insurance. (You do not have to know precisely. We are just looking for your best estimate.)

\_\_\_\_\_ No insurance  
 \_\_\_\_\_ Medicare  
 \_\_\_\_\_ Medicaid  
 \_\_\_\_\_ Vocational Rehab Coverage  
 \_\_\_\_\_ Workman's compensation  
 \_\_\_\_\_ Private insurance  
 \_\_\_\_\_ Other (Specify: \_\_\_\_\_)  
 Don't know

24. I'm going to read you a list of very general types of visual impairment. Please estimate what percentage of your low vision rehabilitation clients have the following types of vision loss. (You do not have to know precisely. We are just looking for your best estimate.)

\_\_\_\_\_ Have mainly central vision loss  
 \_\_\_\_\_ Have mainly peripheral vision loss  
 \_\_\_\_\_ Have both peripheral and central vision loss  
 \_\_\_\_\_ Other: \_\_\_\_\_  
 \_\_\_\_\_ Other: \_\_\_\_\_  
 Don't know

25. What percentage of your low vision rehabilitation clients have vision impairment combined with other functional impairments, such as cognitive impairment and/or physical impairment?

Don't know

26. What percentage of your clients have each of the following eye conditions or diseases that are causing their low vision? (You do not have to know precisely. We are just looking for your best estimate.) *(These don't have to add up to 100% because clients may have multiple problems.)*

- Age-related macular degeneration  
 Glaucoma  
 Diabetic retinopathy  
 Cataract  
 Stroke or traumatic brain injury  
 Juvenile or young adult onset retinal degenerations (e.g. retinitis pigmentosa, rod-cone dystrophies)  
 Optic neuritis or other optic nerve disorders  
 Retinopathy of prematurity and associated problems.  
 Other  
 Don't know

27. Are clients accompanied to your low vision rehabilitation agency/clinic/practice by a family member or friend?

1. Always  
 2. Most of the time  
 3. Sometimes  
 4. Rarely  
 5. Never  
 6. Don't know

28. What percent of patients/clients are referred from the following sources. (You do not have to know precisely. We are just looking for your best estimate.) *(These don't have to add up to 100% because a client may be referred by multiple sources.)*

- Referred by an ophthalmologist.  
 Referred by an optometrist.  
 Referred by another healthcare provider or rehabilitation agency (other than ophthalmologist or optometrist).  
 Refer themselves.  
 Referred from family or friends  
 Other, specify: \_\_\_\_\_  
 Don't know

29. What percentage of your low vision rehabilitation clients have difficulties or problems in the following areas? (You do not have to know precisely. We are just looking for your best estimate.) *(These don't have to add up to 100% because clients may have multiple problems.)*

- Reading  
 Writing  
 Financial Management  
 Other Detail Near Tasks  
 Independent Living  
 Mobility  
 Driving  
 Identification at a distance of objects, people, events  
 Self-Care/Domestic Activity  
 Emotional or Psychological Adjustment  
 Don't know



Thank you for participating in this survey. Without your cooperation this study would not be possible, so your effort is greatly appreciated. As a small token of our appreciation we would like to send you a coffee mug with our study logo on it. May I verify your name and mailing address? *(No P.O. addresses, must be a street address in order for us to ship UPS.)*

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Declined mug.