

# **Guide to Culturally Specific Retinopathy Screening**

This manual was developed by:

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## ***Manual for conducting Community-Based, Eye-Disease Screening Clinics for African Americans with Diabetes***

Diabetes is the leading cause of new blindness among adults in the United States. Lack of regular eye exams contributes significantly to this problem. Because of the increased prevalence of diabetes and lack of access to healthcare, many African Americans are at increased risk for developing diabetic retinopathy. The MDRTC has collaborated with local agencies to offer free, community-based, eye-disease screening clinics. This project has proven to be effective in identifying and referring African Americans with diabetes who need treatment for retinopathy and other eye diseases.

This manual describes the steps needed to develop and conduct community-based, diabetes eye-disease screening clinics. It describes how we collaborated with local agencies to gain sponsor support, recruited physicians and staff, and also describes operational details of planning and implementing an eye-disease screening clinic. This manual also contains sample administrative forms and supply lists as well as a timeline to help plan clinics.

### References

1. Anderson RM, Wolf FM, Musch DC, et al. Conducting community-based, culturally specific, eye-disease screening clinics for urban African Americans with diabetes. (In Press, *Ethnicity & Disease*, July, 2002).
2. Anderson RM, Musch DC, Nwankwo RB, et al. Personalized follow-up increases return rate at urban eye disease screening clinics for African Americans with diabetes: Results of a randomized trial. (In Press, *Ethnicity & Disease*.)

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# Introduction

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Eye disease is a serious complication of diabetes that affects more than sixty percent of people with the adult form of the disease—type 2 diabetes. Nearly twice as many African Americans in the United States have diabetes, as compared to the white population, and they have a correspondingly high rate of eye disease. Many individuals, particularly in large urban communities, are not covered by insurance, do not have sufficient income to pay for diabetes supplies and needed medical care, and are not aware of the need for regular screening for the complications of diabetes.

Free eye disease screening clinics offered in these communities can make a significant difference in the lives of people with diabetes. Early detection of eye disease can prevent vision loss. In addition, the educational opportunities provided at the clinics can help participants learn that diabetes is a serious disease requiring knowledgeable self-care.

Screening clinics for diabetic eye disease provide an ideal setting to screen for the micro and macro-vascular problems. State organizations such as the National Kidney Foundation of Michigan, the Podiatric Medical Association, and local health departments have helped recruit volunteers to assist in these additional screenings.

## Purpose and Goals

This manual describes the Culture-Specific Diabetes Eye Disease Screening Clinics, a project of the University of Michigan Diabetes Research and Training Center, funded by the National Institutes of Health. This project implemented and evaluated the effectiveness of free inner-city eye disease screening clinics in increasing the percentage of African Americans with diabetes who obtain annual eye examinations and appropriate follow-up care. These free half-day clinics, offered in Detroit and Pontiac, Michigan, augment the health care delivery system with a low-cost model for enhancing the eye care of adults with diabetes.

The major goal is to reduce vision loss caused by diabetic eye disease by:

1. providing annual eye screening to urban African Americans with diabetes who do not have regular eye care.
2. providing referrals to those who require immediate treatment or follow-up care.
3. providing educational opportunities that encourage:
  - responsible diabetes self-management
  - detection of complications of diabetes
4. increasing participant and health care provider knowledge of and adherence to standards of care for diabetic eye disease.

This manual was developed to help others establish culture-specific, diabetic retinopathy screening clinics. Although the manual describes our efforts in the African American community of the Detroit metropolitan area, the basic principles provided can be adapted to a variety of cultural groups and many different settings. The manual outlines methods on how to collaborate with local agencies to gain sponsor support, recruit physicians and staff, and also describes operational details of planning and implementing an eye-disease screening clinic. Sample administrative forms and supply lists are included to assure a smooth flow from beginning to end, and a timeline is provided that can help set priorities.

We hope you find this manual useful.

## The Michigan Participant's Experience

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Potential participants in the Detroit metropolitan area learn about the free eye disease screening clinic in a variety of ways, including radio, television and newspaper announcements, and information posted in health care settings, pharmacies, churches, senior centers, and other community meeting places. They are encouraged to call an 800 number to make an appointment for an examination and to provide some preliminary information. People who register by telephone receive a letter reminding them of the appointment time, and information to fill out and bring with them.

On the day of the clinic, a staff member checks in each participant, registers him or her (if not preregistered), describes the procedures that will be done, and provides an informed consent form for the participant's signature. If the person has come to the clinic without an appointment, he or she fills out any necessary paperwork. Each person receives a number based on the order of arrival, and is shown where to wait for the first part of the screening exam.

During the course of the screening, staff members or volunteers measure each person's height, weight, visual acuity (Snellen chart), blood pressure, and blood glucose. A technician instills eye drops and uses a Tonopen device to obtain eye pressure. Eye drops to dilate the pupil are administered. A local volunteer ophthalmologist examines each person's eyes.

During the inevitable waiting periods, a diabetes educator answers questions about diabetes care and eye disease. A variety of educational materials and product samples are available.

Before leaving each person checks out with a staff member, who makes sure that all the tests are complete and paperwork is filled out. If any abnormalities have been found, the staff member explains what they mean and reaffirms the need to be checked within a certain time period. Since their eyes have been dilated, each person receives disposable sunglasses, if needed. Patients are encouraged to bring someone along to drive them home; if alone and driving themselves, they are invited to wait until their eyes re-acclimate to light, if possible.

If the ophthalmologist recommended immediate treatment, the participant receives a referral. Low cost or free treatment options are suggested if the person does not have health insurance. Staff members telephone referred patients within two weeks to be sure that appropriate treatment is underway.

All participants receive the results of their tests by mail within a month after the clinic. Their primary care physicians also receive a copy of the results. Each person receives a reminder prior to the next annual screening clinic.

## Timeline and Steps to Establish an Eye Disease Screening Clinic

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Additional information about each of these steps can be found in the specific sections of this manual noted.

<b>Time</b>	<b>Task</b>	<b>Manual Section</b>
9 months	<ul style="list-style-type: none"> <li>• Needs assessment (locale, other area programs)</li> </ul>	
7–9 months	<ul style="list-style-type: none"> <li>• Write a description of your eye disease screening clinic project.</li> <li>• Identify potential collaborating organizations, make initial contact.</li> <li>• Start collecting diabetes-related resources.</li> </ul>	<ul style="list-style-type: none"> <li>A. Elements of an Eye Disease Screening Clinic</li> <li>B. Collaborating Community Organizations</li> <li>E. Supplies/Arrangements</li> </ul>
4 months	<ul style="list-style-type: none"> <li>• Stay in touch with contact person at collaborating organization.</li> <li>• Choose site for the clinic.</li> <li>• Pick a date for the clinic.</li> <li>• Establish an 800-number, if needed.</li> <li>• Develop promotion strategy. Print posters, flyers.</li> <li>• Order free product samples.</li> </ul>	<ul style="list-style-type: none"> <li>B. Collaborating Community Organizations</li> <li>C. Site and Date Selection</li> <li>C. Site and Date Selection</li> <li>F. Promotion and Publicity</li> </ul>
3 months	<ul style="list-style-type: none"> <li>• Recruit ophthalmologist.</li> <li>• Determine staff needed; recruit them.</li> <li>• Develop registration form, clinic schedule.</li> </ul>	<ul style="list-style-type: none"> <li>D. Clinic Personnel</li> <li>D. Clinic Personnel</li> <li>G. Registration/Scheduling; K. Recordkeeping/Reports</li> </ul>
2 months	<ul style="list-style-type: none"> <li>• Determine supplies needed. Order supplies.</li> <li>• Determine volunteers needed; arrange for them.</li> <li>• Implement promotion strategy.</li> <li>• Begin to register patients and set appointment times (3–4 per 15 minutes).</li> <li>• Arrange to have any laboratory tests done.</li> <li>• Determine patient education needs. Arrange for materials.</li> <li>• Develop remaining forms and records.</li> </ul>	<ul style="list-style-type: none"> <li>E. Supplies/Arrangements</li> <li>D. Clinic Personnel</li> <li>F. Promotion and Publicity</li> <li>G. Registration/Scheduling</li> <li>E. Supplies/Arrangements</li> <li>E. Supplies/Arrangements</li> <li>K. Record keeping/Reports</li> </ul>

(Timeline cont'd.)

<b>Time</b>	<b>Task</b>	<b>Manual Section</b>
1 month	• Determine clinic flow (stations needed, set-up).	H. Clinic Procedures.
	• Visit clinic site. Check for needed items (electrical outlets, tables, chairs, etc.)	H. Clinic Procedures.
	• Send reminder letters and preliminary paperwork to registered patients.	G. Registration/Scheduling
	• Call ophthalmologist to confirm date.	
	• Arrange for transportation for personnel and supplies, patients who need it.	H. Clinic Procedures.
1–2 weeks	• Train staff and volunteers.	I. Stations 1–10.
	• Make signs to designate each station.	H. Clinic Procedures.
	• Confirm date with each staff member and volunteer. Provide maps and directions, as needed.	H. Clinic Procedures.
2–3 days	• Telephone all scheduled participants to remind them of their appointments.	H. Clinic Procedures.
Day of clinic	• Arrive early and set up.	H. Clinic Procedures.
	• Provide a clinic schedule and number sequence sheet for each station.	H. Clinic Procedures.
	• Conduct the clinic. Try to stay on time!	I. Stations 1–10.
	• Arrange for any needed referrals.	H. Clinic Procedures.
	• Deliver test specimens to the laboratory.	H. Clinic Procedures.
Within 4 weeks after	• Assemble and mail a report to each participant and to each participant's provider.	J. Follow-up
	• Send thank-you letters	J. Follow-up
	• Have follow-up meeting with collaborating organization.	J. Follow-up
3 months after	• Plan for next year	
	• Evaluate results of promotion strategy; revise if needed.	F. Promotion and Publicity
2 months before next clinic	• Send reminders to current participants prior to the next annual clinic.	J. Follow-up

## A: Elements of an Eye Disease Screening Clinic

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The community-based retinopathy screening clinic described in this manual involves volunteer ophthalmologists and volunteer community agencies. Other volunteers may be used in various capacities. Extensive coordination is required to ensure the program's success.

As a first step, you will need to write a description of your eye screening clinic. You'll need to decide what tests and measurements you will provide, what information you want to collect, how the results will be communicated to the participants and their providers after the clinic, and how you will handle follow-up communications and referrals for eye care, social work, or other potential needs.

### 1. Information collected from participants (before the clinic, or at the clinic)

- Demographics
- Medical history
- Consent form for laboratory work
- Evaluation tool

### 2. Tests and measurements done at the clinic.

- Height
- Weight
- Visual acuity (Snellen eye chart)
- Blood pressure
- Blood glucose (random) (*optional*)
- Glycosylated hemoglobin (*optional*)
- Intraocular pressure
- Funduscopy examination

### 3. Education available at the clinic

- Written materials
- Audiovisual programs
- Group and individual discussion

### 4. Referral information provided to participants (must be identified in advance)

- Eye care
- Social work
- Other potential needs



## B: Collaborating Community Organizations

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1. Identify potential collaborating organizations. Choose organizations that are stable and consistent in the community. It is important that the mission of the organization is consistent with your mission—that the organization is concerned and involved with your proposed target audience, and that the organization has health-related goals. Community organizations with an existing health focus or health mission require less assistance to sponsor diabetic eye disease screening clinics than community organizations without this mission. An inner city clinic providing care to minority patients is more able to sponsor a retinopathy clinic than a community-based church that has no history of health-related programming.

Possible groups: public health clinics, Urban League, YMCA/YWCA, schools, recreation centers, adult education programs, senior centers, churches, sororities, fraternities, and so on.

Planning principles:\*

- A. Know your clinic populations, be sensitive to the beliefs and needs of the constituent groups, and base your operating assumption about the population or constituent groups on local assessments.
  - B. Avoid using broad racial characterizations so as not to alienate the target audience.
  - C. Assess local needs (conduct focus groups involving target audience members).
2. Make initial contact by telephone or letter. Meet with the director of the community-based organization(s) and present the project in detail. Discuss sponsorship guidelines.

### Approaching organizations:

It is critical to build credibility and trust. In our experience of working with the African American community, credibility was established through personal relationships. It is helpful if the person making contact has connections in the community, and important that at least some “same-race” personnel are involved. Trust is built by meeting with individuals several times and by responding to their needs and requests. People in the African American community are often cynical and suspicious of people and programs from major research universities. It takes time and effort to overcome these feelings. When credibility and trust are established, however, they can be built on to facilitate further projects.

### Sponsorship Guidelines (Questions to ask potential collaborating organizations)

- Is your target audience likely to include a significant number of adults with diabetes?
- Do you have staff persons designated for outreach activities?
- Have you coordinated your past outreach activities with other human service agencies and community groups? Which agencies and/or groups?
- Would you be willing to lend your expertise and resources in outreach and promotion activities for this clinic?
- Do you have access or would you be willing to provide transportation?
- Knowing your constituents, what is the expected show rate for health-related events?

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\* *Strategies for Diffusing Health Information to Minority Populations*. US Dept of Health and Human Services, 1987.

*(Collaborating Community Organizations cont'd.)*

- Do you agree to be a sponsoring agency for this clinic, i.e., at minimum provide a location, a coordinating staff person, access to your constituents, and inclusion of our clinic in the promotion of your events?
  - Are you willing to make a commitment to this project on a year-to-year basis or for longer term?
3. Stay in contact with the organization(s) until they make a decision about whether or not to collaborate. Answer questions and continue to provide information.
  4. When an organization has agreed to collaborate, ask that a staff person be designated to help plan and implement the clinic.
  5. Meet with the staff contact person to describe the purpose and function of the clinic.

### **Four Months Prior to Scheduled Clinic:**

6. Meet with the director and the contact staff person of the collaborating organization four months prior to the scheduled clinic. Review the purpose of the clinic and past clinic efforts, if appropriate, at the start of the meeting. Discuss the following points:
  - Ask if the organization has any problems or concerns that have come up since the planning for the clinic began. If you have held a clinic with this group previously, ask for feedback from the past clinic. Address those concerns before going on.
  - Determine goals for the upcoming clinic.
  - Request their suggestions for recruiting participants or improving client participation, if a problem. Plan to implement their suggestions.
  - Confirm what the agency has committed to do. It may be helpful to prepare a written list in advance, to discuss at this meeting. Ask if their agency is able to do more or if the level of participation is already at its maximum.
  - Discuss promotion. Ask about what new contacts or assistance they have used or can use in promoting their programs. Determine if they plan to include the eye screening clinic in those venues.
  - Determine what events the agency thinks would be appropriate venues at which the screening staff could recruit clinic participants.
  - Determine how the eye screening staff's resources can be useful to them. Offer assistance.

***SAMPLES/FORMS IN SECTION B:***

- Contact Site/Agency Information Form (B1)

### Contact Site/Agency Information Form

<b>Name</b>	Position:		
	Title:		
<b>Phone</b>	office:	site/other:	fax:
<b>Address of office</b>			
<b>Address of screening site</b>			
<b>Population served:</b>			
<b>Number of persons with diabetes:</b>		% of pop. African American:	
<b>Client Education Needs regarding Diabetes:</b>			
<b>Method of information dissemination/ advertising</b>	Word of mouth _____	Newsletter _____	Auxillaries/Committees _____
	Newspaper _____	Radio _____	Television/Public service _____
	Annual event _____	Other _____	
<b>Existing Clinic?</b>	yes          no		
	If yes, describe clinic flow:		
	% show rate:		
<b>Space available for eye screening clinic:</b>	(Describe, minimal two rooms, one large, one small, darkened with stretcher or reclining chair)		

## C: Site and Date Selection

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### Site Selection

Consider potential sites for the clinic. The site may be at the location of the collaborating community organization, or it may be at another location that is more suitable, such as a church, public health clinic, YMCA/YWCA, recreation center, school or shopping mall.

Identify a contact person at the site. Conduct site visits to determine the suitability of the physical premises for conducting a clinic. Arrange for receptionist or volunteer to assist with regular clients of the facility on the day of the clinic.

#### Functions/space needed:

1. The building should be clean, and the environment safe (security provided is a plus).
2. It should be in a location that participants can get to easily, with adequate parking available.
3. The space should be on ground level or accessible by elevator.
4. Access to a nearby public bathroom is important.
5. A large waiting and information area that can seat at least 20 people is needed (does not need to be separate from stations mentioned in item 9).
6. Access to a telephone on the day of the clinic is desirable (for reminder calls to scheduled patients, to receive calls from scheduled patients, and to answer questions).
7. The funduscopy examination requires a small private space that can be darkened and an electrical outlet.
8. The visual acuity measurement requires a minimum distance of 20 feet that is relatively free of traffic.
9. Other tests and measurements require several smaller stations. These can be placed in different areas of a single large room, or in several smaller rooms.

#### Furniture requirements:

1. A lowback or reclining chair or stretcher, and a stool on wheels for the funduscopy examination.
2. Six (or more) long tables for the various stations.
3. Chairs for participants and workers—at least 30 chairs for the waiting area, and additional chairs for staff and participants at each station (number can be determined by the anticipated number of registrants).
4. Wastebaskets (4) for various stations—at least one large wastebasket lined with plastic bag for the blood drawing station.

#### Setting a Date

Choose a day of the week when most people in your target audience can attend (this may be Saturday). Many schedules need to be considered when setting a date and time. Begin negotiating with the collaborating agency, then the site contact person (if different), then the ophthalmologist, and finally the clinic staff.

Send a letter or make a personal visit to the contact person at the site and to the collaborating organization to confirm all of the arrangements and agreements regarding space, transportation, publicity, and so on. Ask that the information be shared with all staff at the site, so they aren't surprised on the day of the clinic.

## D: Clinic Personnel

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1. Recruit an ophthalmologist to perform the funduscopy examinations at the clinic. The ophthalmologist should be a retinal specialist familiar with diabetic eye disease who has laser experience. This is an important first step. It is very helpful to have an ophthalmologist on your planning group; he or she will need to make personal contact with other ophthalmologists in order to recruit for the clinics. The ophthalmologists, if enthusiastic about the clinic, can help to promote the event in the community. To find an appropriate person, you will need to:
  - Extend area-wide invitations
  - Compile a directory of potential volunteers
  - Determine availability of specialists
  - Obtain office hours and appointment-making procedures for follow-up needs.
  - Obtain insurances accepted and allowance made for discount treatment.
2. Determine staff needed to operate the clinic. The number of people needed will depend on the tests and measurements you decide to collect. A minimum of nine people are needed to accomplish the tasks listed in Section A: Elements of an Eye Disease Screening Clinic.
3. Arrange for other needed professional staff members.
4. Determine volunteers needed, and arrange for them to be present on the day of the clinic. Community volunteers can be responsible for several tasks, such as greeter, traffic flow supervisor, staffing/restocking the resource table, and managing refreshments (if provided). If appropriately trained, volunteers can take blood pressure and measure height and weight (although privacy and confidentiality may be at issue if the volunteer is known to participants).

### Staffing Roster/Qualifications

Check-in, informed consent, other paperwork:	Staff person familiar with the project
Visual acuity	Volunteer, trained to use the Snellen eye chart
Eye pressure, eye drops:	Eye technician or nurse, trained to use Tonopen or other eye pressure device
Blood pressure:	Nurse or technician trained to use sphygmomanometer
Blood collection:	Nurse or phlebotomist
Height and weight:	Volunteer, no special training needed (preferably not a community member)
Education:	Diabetes educator

*(Clinic Personnel cont'd.)*

Funduscopy Exam:	Ophthalmologist (retinal specialist with laser experience) or optometrist familiar with diabetic eye disease.
Paperwork Check:	Volunteer, no special training needed
Results/Referral/Checkout:	Staff person familiar with the project.
Follow-up:	Staff person familiar with the project.

***SAMPLES/FORMS IN SECTION D:***

- Staffing Form (D1)
- Confirmation Letter to ophthalmologist (D2)

# Diabetes Eye Disease Screening Clinic Staffing Form

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Clinic Site: \_\_\_\_\_

Collaborating Organization: \_\_\_\_\_

Date of clinic: \_\_\_\_\_

Personnel assigned to tasks:

- 1. Check-in: \_\_\_\_\_
- 2. Visual acuity: \_\_\_\_\_
- 3. Eye drops, intraocular pressure: \_\_\_\_\_
- 4. Blood pressure: \_\_\_\_\_
- 5. Blood collection: *(optional)* \_\_\_\_\_
- 6. Height and weight: \_\_\_\_\_
- 7. Information/education: \_\_\_\_\_
- 8. Funduscopy examination: \_\_\_\_\_
- 9. Paperwork: \_\_\_\_\_
- 10. Results, referral, checkout: \_\_\_\_\_

Guests: \_\_\_\_\_

Follow-up: \_\_\_\_\_

(Your letterhead)

May 10, 2000

Name, MD  
Address 1  
Address 2  
City State zip

Dear Dr.Name,

We are pleased that you will assist us at the Diabetes Eye Disease screening clinic scheduled for:

**Date: Saturday, June 3, 2000**

**Time: 10:00 am-3:00 pm**

**Location: name of hosting site  
address**

I have enclosed the instructions provided by Dr. Johnson to refresh your memory of the procedures for this clinic. I urge you to bring along referral or appointment cards and an indirect and/or direct ophthalmoscope (your choice) for the fundus exam. We will provide a backup direct ophthalmoscope, eye drops, and a tonopen for IOP assessment. A copy of the ophthalmologic form (gray) that you will complete for each participant is also included. Because this is an ongoing research project, all data must be recorded in the same format. (Note: additional patient information can be included in the optional space—please indicate on the form if you want a copy of your notes sent on to the participant's physician.)

Patients needing further evaluation and treatment may be referred to your own practice, or if you prefer, to the (referral sites). Please inform me of your preference at the time of the clinic as well as the type of insurance carriers your practice accepts.

You may contact me at (phone number) if you have any questions or concerns about the clinic. Thank you for your commitment to join us in the effort to prevent blindness in the community in 2000. We look forward to your participation on June 3, 2000.

Sincerely,  
Enclosures



## **E: Supplies and Arrangements**

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1. Determine what supplies you will need and order them.

✓ **General supplies**

- Pencils, pens, broad felt-tip marker
- Tape (Scotch tape, masking tape)
- Scissors
- Legal pads
- Binder clips
- Sufficient copies of all forms needed
- Clipboards for staff members, and a few for participants to use while filling out forms
- Signs to identify each station, and to direct patient flow

✓ **Medical supplies** (see next page)

✓ **Patient education resources**

- Identify educational needs of the target audience
- Acquire informational materials and product samples for patients to keep
- Determine and acquire needed teaching materials
- Arrange for videotape player and television set, if needed

✓ **Participant incentives**

- Small items to give to participants are appreciated. Include the name of your clinic and the publicized phone number, and whatever slogan you are using. Possible items include:
  - pens
  - magnets
  - note pads
  - customized incentives

2. Arrange to have any laboratory tests done immediately after the clinic. Obtain sufficient copies of laboratory requisition sheets.

## E: Supplies Needed (by station)

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### Check-in

- Portable file box with registration materials
- Broad black felt-tip pen
- Pens, pencils
- Clipboards

### Visual Acuity

- Snellen eye chart (for 10 or 20 feet)
  - Ocular occluder with pinhole device
  - 20-foot metal measuring tape
  - Masking tape (3-inch)
  - Broad black felt-tip pen
- 

### Eye Drops/Intraocular Pressure

- Tissues
- Gloves
- Tonopen (or other equipment for measuring eye pressure)
- Covers (for Tonopen)
- Eye drops: Mydriacyl 1%  
Mydrin 2.5%  
ProparacaineHC1 0.5%  
(Ophthalmic)
  - Timoptic XE 0.5% and Pilocarpine Hydrochloride 1% (in case of reaction)
- Small waste container

### Blood Pressure

- Sphygmomanometer
  - Large and regular-size blood pressure cuffs
  - Stethoscope
- 

### Blood Drawing (optional)

- Blood glucose monitor and strips
- Tourniquets
- Gloves
- Vacutainer holder
- Alcohol swabs
- Cotton balls
- Needles, butterfly
- Vacutainers, lavender top 2.5 cc draw
- 3 cc syringes (a few)
- Tape
- Needle disposal box

- Test tube rack
  - Cooler with ice or ice pack
  - Laboratory requisition sheets
  - Large and small plastic bags
  - Blue pads
  - Tissues
  - Glucose tablets
  - Gooseneck lamp (particularly useful in poorly lighted room)
  - Extension cord (to plug in lamp)
  - Large waste container lined with plastic bag
- 

### Height and Weight

- Cloth tape measure(s) (total at least 78 inches)
- Scale (bathroom scale is fine)

### Information/Education

- Flyers and pamphlets from the American Diabetes Association, other organizations.
  - Free samples of diabetes products
  - Information about other programs / classes.
  - Refreshments, if desired
  - Something to treat low blood glucose reactions (like glucose tablets)
  - Videotape player and television, if needed
- 

### Funduscopy Examination

- Ophthalmoscope, direct and/or indirect (ophthalmologist usually brings own)
- Padded chair
- Stool (on wheels)

### Checkout

- Post-midriatic glasses
  - Referral information
  - Incentives for participants
- 

## F: Promotion and Publicity

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1. Develop a promotion strategy. Consider the following:
  - Letters to patients or clients
  - Press release (send to local radio/television stations, newspapers)
  - Radio and television public service announcements
  - Newspaper notices: church paper, neighborhood shopper papers, ethnic or culturally focused newspapers or community newsletters
  - Posters and flyers posted in churches, senior centers, pharmacies, groceries, community meeting places
  - Small camera-ready notices that organizations can paste into their newsletters.
2. Select community groups, senior citizen centers, school districts and other human service agencies to promote the clinic.
3. Contact local private doctors, hospitals, outpatient clinics, diabetes educators, and eye specialists to refer to the clinic.
4. Decide what telephone number will be used to register participants. Establish an 800 number, if needed. Publicize this number in all promotional announcements and printed materials.

***SAMPLES/FORMS IN SECTION F:***

- Press Release (F1)
- Flyers (F2a, F2b)
- Sample brochure (F3)

**April 26, 2002**  
**Contact: C. Sam Jessie,**  
**csjessie@umich.edu**  
**734-764-2220**

**For calendar section/Community Bulletin Board**

***Are you concerned about diabetes?***

**Detroit, MI** - The University of Michigan Health System will be offering free eye exams for adults with diabetes. Other exams will be available for: feet, teeth, blood pressure, glucose testing and kidney.

The program is free for adults 18 years or older. See schedule below for dates, times and locations. Your medical results will remain private.

Call today to reserve an appointment for your free eye exam!  
Call Gayle at 1-800-529-5345 (English)  
Latino Family Services: (313) 841-7380 (Spanish)

**Sat., May 18, 2002**  
**10:30 a.m. – 3:30 p.m.**  
**Latino Family Services**  
**3815 W. Fort**  
**Detroit, MI**

The Eye/Health Screening Clinic is sponsored by: Latino Family Services\* and the Metro Detroit Diabetes Coalition. Funding is provided by a research grant from the Michigan Department of Community Health. \*A contact agency of the Detroit-Wayne County Community Mental Health Board, Affiliate of the National Council of La Raza.

**Sat., June 22, 2002**  
**10:00 a.m. – 2:00 p.m.**  
**Capuchin Soup Kitchen**  
**1264 Meldrum**  
**Detroit, MI**

The Diabetes Screening Clinic is sponsored by : Capuchin Soup Kitchen, Metro Detroit Diabetes Coalition. Funding is provided by a research grant from the Michigan Department of Community Health.

# Free Eye Exams for African Americans with Diabetes

## Do you have diabetes?

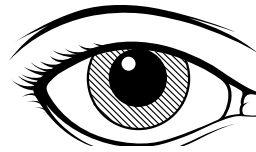
- Diabetes can cause blindness. You need a yearly eye exam, so any problems can be found and treated early.
- The Eye Screening Project provides free eye exams! And, for persons who need treatment, the Project will arrange for follow-up care.
- Eight screening clinics will be held each year in the Detroit metro area. Next one is:  
**Date, time**  
**Location**
- If you want an exam, or if you have questions, call:

**1-800-529-5345**

The Eye Screening Project is sponsored by the Detroit Urban League, By Our Own Hands Project and the University of Michigan Medical Center, and is funded by the National Institutes of Health.

**Don't lose sight on diabetic eye disease!  
For a free eye exam call  
1-800-529-5345**

**If you have diabetes**



**Remember your eye exam.**

**Call 1-800-529-5345  
for more information about a free exam.**

**Diabetes is serious!  
Yearly eye exams  
help prevent blindness.  
Call 1-800-529-5345  
for free eye exam information.**

**Diabetes eye disease  
has no symptoms.  
Regular eye exams are needed to prevent vision loss.  
Free eye exams are available.  
Call 1-800-529-5345 for more information.**

### **Why do people with diabetes need eye exams?**

Diabetes is the leading cause of new blindness in the United States.

Retinopathy, cataracts and glaucoma are eye diseases that occur more often in people with diabetes—but vision loss and blindness can be prevented with early treatment. The risk of blindness can be reduced substantially if people with diabetes receive dilated eye exams, at least once a year.

- More than two million African Americans have diabetes and a third don't know it.
- One out of four African American women over age 55 has diabetes.
- African Americans have higher rates of serious complications, such as blindness and kidney failure than any other ethnic group.

### **What is a Diabetes Eye Disease Screening Clinic?**

The University of Michigan Medical School, in partnership with several human service agencies in the Detroit Metro area, is providing FREE eye screening for adults with diabetes, especially African Americans.

The clinics are funded by a grant from the National Institutes of Health to increase the number of adults with diabetes who receive annual eye exams. African Americans have much higher rates of diabetes than Caucasians and are often underserved medically; therefore this project is directed to the African American community. However, anyone with diabetes seeking an eye exam is welcome.

- About 90% of blindness could have been avoided through preventive screenings.
- Up to 21% of people with type II diabetes have retinopathy when they are first diagnosed with diabetes.

(Sample F3 cont'd.)

## What happens at the clinic?

The clinics are usually 4-5 hours in length and held at times convenient for the sponsoring organization and its clientele. Participants are asked to preregister for an appointment over the telephone (1-800-529-5345). People may also come in without an appointment.

Clinic participants are examined for glaucoma, cataracts and retinal eye disease by volunteer community ophthalmologists (a medical doctor specializing in diseases of the eye). Visual acuity, height, weight, blood pressure, and blood sugar are also measured. Educational materials on diabetes care are available at the clinics. Exam results are provided to participants and their doctors. Anyone who needs treatment is referred for follow-up care.

- African Americans are twice as likely to have diabetes related blindness.

## When and where are the clinics held?

A list of upcoming clinics is included on the back of this brochure.

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**Please call for an appointment.**

**1-800-529-5345**

## 1998 Screening Clinics

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### Detroit Metro Area

March 26 (Thursday), 8:30am-12:30pm  
Detroit Health Department  
Herman Kiefer • 1151 Taylor

April 25 (Saturday), 1:00-5:00pm  
Hartford Memorial Baptist Church  
18700 James Couzens Highway

May 13 (Wednesday), 8:30am-12:30pm  
Genesis Lutheran Church  
7200 Mack Avenue

May 15 (Friday), 9:00am-1:00pm  
Highland Park Recreation  
Department  
Ernest Ford Rec Bldg. • 10 Pitkin

October 15 (Thursday),  
8:30am-4:00pm  
Detroit Health Department  
Herman Kiefer • 1151 Taylor

November 18 (Wednesday), 12:30-  
4:00pm  
Detroit Urban League  
208 Mack Avenue at John R

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### Pontiac

March 30 (Monday), 1:00-4:00pm  
Pontiac Urban League  
Bowens Senior Center • 52 Bagley

October 21, 1998, 9:00am-1:00pm  
Lighthouse of Oakland County  
196 Orchard Lake Road



## G: Registration and Scheduling

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### Scheduling

1. Develop a clinic schedule. How long it will take for each patient to complete the clinic will depend on what tests and measurements you choose to do. The eye screening clinic described in Section A: Elements of an Eye Disease Screening Clinic, is expected to serve 12 people per hour. Three to four persons can be scheduled for each 15-minute time slot (an ophthalmologist can examine 3–4 patients every 15 minutes). It takes about 60 minutes for each patient to complete the clinic; this includes about 15 minutes to complete any unfinished forms (assistance may be needed). Schedule patients to begin the clinic about 15–30 minutes **before** the ophthalmologist will see them (it takes 15 minutes for the dilating drops to work; 20 minutes for darker colored irises).

Be aware that many of the scheduled patients may not appear, or may be early or late. If you are organized to take walk-in patients, they may all turn up at close to the same time, thus creating longer waits for everyone. (In our experience we have had from 20–50% of those registered not appear for the clinic, as well as up to an additional 50% who walk in responding to the media announcements.)

### Registration

2. Develop the forms and letters you will use for registration, recordkeeping, reporting. (See Section K, Record keeping and Reports.)
3. Answer questions and enroll patients over the telephone. Be sure to ask if they have diabetes, and to explain that the examination is for medical problems that can happen as a result of diabetes—it is not a refraction to prescribe glasses.

Use a computerized intake call form into which data can be entered while talking to the patient. It is important to get a daytime telephone number and an address. Ask how they heard about the clinic.

4. Schedule an appointment time for each patient. Scheduling may be done on computer for direct data entry into a file management system.

*(Registration and Scheduling cont'd.)*

5. You may want to ask participants to provide some information before the clinic, such as a medical history and/or a history of eye disease. This information can be collected over the telephone during registration, or a form can be sent to the patient to be filled out and brought to the clinic (use large type for any information that is sent to patients).
6. Mail reminder letters and any paperwork you wish to include to patients about two weeks before the clinic date. Remind patients to bring their paperwork with them to their clinic appointment.

**SAMPLES/FORMS IN SECTION G:**

- Appointment check/Telephone call tally sheet (G1)
- Registration form (G2)
- Clinic Schedule (G3)
- Confirmation letter to registered patient (English and Spanish) (G4a, G4b)
- Letter to interested patients not reached by telephone (G5)
- Mailing label (G6)

## **Retinopathy Clinic Appointment Check/Telephone Call Tally**

Clinic: \_\_\_\_\_ Date: \_\_\_\_\_

8:30 am				
8:45 am				
9:00 am				
9:15 am				
9:30 am				
9:45 am				
10:00 am				
10:15 am				
10:30 am				
10:45 am				
11:00 am				
11:15 am				
11:30 am				
11:45 am				
12:00 noon				
12:15 pm				
12:30 pm				
12:45 pm				
1:00 pm				
1:15 pm				
1:30 pm				
1:45 pm				
2:00 pm				
2:15 pm				
2:30 pm				
2:45 pm				
3:00 pm				

Number of calls \_\_\_\_\_ Information Only \_\_\_\_\_

Number of refusals \_\_\_\_\_ Number of No Shows \_\_\_\_\_

**(complete on day of clinic)**

## Registration Form–Retinopathy

Can be used to define fields in some software packages.

### Field items:

Patient code or id number  
Name (may choose to have first and last names as individual fields)  
Street Address  
Address 2  
City  
State  
Zip code  
Date of screening  
Appointment time  
Salutation  
Physician Name  
Physician Address  
Physician City  
Phy. State  
Physician Zip  
Physician phone number  
Gender  
Age  
Length of time with diabetes ( when diagnosed)  
Meds used  
Chronic illness  
Day phone  
Other phone  
Registration date  
Attended clinic? ( fill after the clinic to help with number of no shows)  
Comment field  
Visit number ( number of times returned to screening clinic)  
Regular care (1=screening clinic, 2=other)  
Clinic site  
Clinic Sponsor

Sample G3

Software packages will be able to merge this information from your registration form in to this layout to create a clinic schedule.

**Diabetes Eye Disease Screening Clinic  
Clinic Schedule  
(Location)  
(Date)**

Appt. Time	Patient Id	Name Phone number	Comment
------------	------------	----------------------	---------

March 3, 1997

Name.....
Street Address.....
Address 2.....
City.....
State.....
Zip Code.....

**RE: Eye Disease Screening**

**Your appointment scheduled for:**

<b>Date of Screening</b> .....
at <b>Appt Time</b> .....

Salutation.....

I am writing to confirm your appointment for an eye exam to check for the effects, if any, of diabetes on your eyes. Clipped to this letter is a magnet to place on any metal surface, like your refrigerator, with your appointment time on it to act as another reminder.

You are scheduled to be seen by Dr. Hatem, an ophthalmologist in the Dearborn area. The clinic is located at the **Herman Kiefer Building** on 1151 Taylor near Clairmont, Detroit (313-876-4826) If you wear glasses, even if it's just for reading, please bring them with you. If you wear contacts, bring your backup pair of glasses with you. We encourage you to bring someone along with you because your vision may be blurred for about an hour and a half after the exam. If this is not possible, at least bring sunglasses since your eyes will be very sensitive to light. We strongly recommend that you wait in the waiting area until your vision is clear. We will provide snacks and you will have an opportunity to learn more about diabetes. The exam itself should take about an hour and there will be no charge for it.

We will service you at your appointment time. If you choose to come early please be prepared to wait. If you have any questions concerning this appointment, please call me at 1-800-529-5345. If, on the day of your appointment, you will be late or unable to attend, please call the screening site at their office number to let us know. I look forward to seeing you.

Sincerely,

Robin Nwankwo, MPH, RD  
Diabetes Eye Screening Project

Sample G4b

Itr date.....

Name.....

Street Address.....

Address 2.....

City.....

State Zip Code.....

Respecto de: Detección de Enfermedad de los  
Sú cita fijada por:

a **Date of Screening**.....  
**Appt Time**.....

Escribo para confirmar su cita del examen de los ojos para comprobar los efectos del diabetes los ojos. Pegado a esta carta hay un imán para poner en la nevera u otro lugar de metal, con hora de la cita.

Tiene una cita con el doctor Hatem, un oftalmólogo de Detroit. Tendrá lugar en el Kiefer en Detroit en 1151 Taylor at Clairmount. (313-876-4826). Si usa gafas, aun si para leer, favor de llevarlas. Si usa lentes de contacto, lleve su anteojos también. Sugerimos alguien le acompañe porque la vista puede estar nublada por una hora y media después examen. Si no es posible, traiga gafas para el sol como los ojos tendrán sensibilidad a la luz. Recomendamos que se quede en la sala de espera hasta aclararse la vista. Habrá comida tendrá la oportunidad de aprender más sobre el diabetes. El examen durará una hora y será gratis.

El médico le verá a la hora de su cita. Si escoge llegar temprano, favor de prepararse esperar. Si tiene alguna pregunta en cuanto a esta cita, me puede llamar a 1-800-529-5345. llegará tarde o si no podrá asistir en el día de la cita, favor de informarnos con una llamada lugar de detección al número de la oficina. Espero con placer

Atentamente,

Robin Nwankwo, MPH, RD  
Proyecto de Diabetes de Detección de los

Sample G5

April 22, 1996

Name		
Street Address		
Address 2		
City	State	Zip Code

During a recent Health promotion event you or someone close to you indicated an interest in having get a special eye exam that people with diabetes need every year. The Diabetes Eye Disease Screening Clinic provides a dilated eye exam performed by an ophthalmologist, a medical doctor w/ an eye specialist. The exam is free and includes a blood test to measure blood sugar, a check for cataracts and glaucoma, as well as an opportunity to ask questions about diabetes management and eye health.

However, I will need to talk with you for you to sign up for the clinic nearest you. Please call me at **1-800-529-5345** you would like to sign up or to get more information. Thank you for your interest.

Sincerely,

Robin Nwankwo  
Outreach Coordinator



Sample G6

Clinic Site

Name		
Street Address		
Address 2		
City	Stat	Zip Code

## H: Eye Disease Screening Clinic Procedures

---

### Planning

1. Determine how the clinic will work at your clinic site: stations needed, set-up, patient flow. The stations should be located in the approximate order that patients will proceed, with the sign-in station near the entrance. The order of stations described in Section A: Elements of an Eye Disease Screening Clinic, follows:

Clinic stations	Staff	Approximate Time
1. Check-in, informed consent	Staff person familiar with the project.	10 minutes
2. Visual acuity (must be done before drops are put in the eyes)	Volunteer, trained to use the Snellen eye chart	5 minutes
3. Eye drops (anesthetic, dilation), Intraocular pressure	Eye technician or nurse, trained to use Tonapen or other eye pressure device	5 minutes
4. Blood pressure	Nurse or technician trained to use sphygmomanometer	3 minutes
5. <i>Optional:</i> Blood collection (random blood glucose, Hemoglobin A1C)	Nurse or phlebotomist	5–8 minutes
6. Height and weight	Volunteer, no special training needed (preferably not a community member)	3 minutes
7. Information/education	Diabetes educator	Variable
8. Funduscopic examination	Ophthalmologist. (Retinal specialist with laser experience.)	4–5 minutes
9. Paperwork (assist patient to complete, as needed)	Volunteer, no special training needed	10 minutes
10. Results, referral and checkout.	Staff person familiar with the project.	5 minutes

The order of stations 4, 5, 6, 7, and 8 is not important. Foot, kidney and cholesterol screenings fit well in this setting and can offer additional options for the participant. Participants can go to those stations at any time during their clinic visit, depending on how busy each station is. It is important that each patient have the Snellen test and get the eye drops as quickly as possible. They can then proceed through the other stations while their eyes are dilating. The information/education station should be located near the patient waiting area, so patients and their families can pick up materials and ask questions while they are waiting to be seen.

2. Make signs to designate each station, and to direct patient flow. Use large type and arrows.
3. Write directions to the facility, and provide to all volunteers, staff and participants.
4. Arrange for appropriate handling of any test specimens on the day of the clinic.
5. Arrange for transportation for personnel and supplies on the day of the clinic. Arrange for transportation of any participants who need it.

## **One week before the clinic**

6. Confirm that each staff member and volunteer will be at the clinic site at the appropriate time. Telephone all scheduled participants to remind them of their appointments.
7. Prepare an envelope or folder for each preregistered participant, containing a pre-labeled copy of each form to be used during the clinic. Prepare extra unlabeled envelopes for walk-in participants.
8. Pack up all needed supplies and materials. Bring extra pens, masking tape, clipboards, binder clips, scissors—anything you might possibly need.

## **Clinic Day**

9. Arrive at the facility at least one hour before the first patients are scheduled to arrive. Find your contact person at the site, to let them know you have arrived and will be setting up.
10. Set up each station as planned.
11. Distribute clinic appointment schedule and number checklist to each station.
12. Put up signs identifying each station. Put up signs at the outside entrance door(s)—Free Diabetes Eye Clinic Today! Use signs with large arrows to direct patients to the clinic space, if needed.
13. If possible, assign a volunteer to greet participants and direct them to the sign-in station. This person can also help direct patients from one station to the next, and assist participants with their forms, as needed. All staff and volunteers must work closely together to assure smooth flow.

*(Eye Disease Screening Clinic Procedures cont'd.)*

14. Be discreet and courteous in all interactions with participants. Call each person by name (last name is preferable, e.g., Mrs. Smith, Mr. Jones).
15. (The next section includes instructions for each station.)
16. Arrange for any needed referrals.
17. Deliver any test specimens (blood) to the laboratory.

***SAMPLES/FORMS IN SECTION H:***

- Check-in form (H1)
- Informed consent [English and Spanish] (H2a, H2b) —if for research purposes.
- In-clinic form (for recording demographic information, height/weight, blood pressure, random blood sugar (H3)
- Ophthalmologic examination form (visual acuity, tonometry, ophthalmoscopy, recommendations) (H4)
- Results of Your Eye Screening Examination form (for participants) (English and Spanish) (H5a, H5b)
- Labels for forms, blood tubes (H6)
- Number sequencing sheet for each station (H7)

Sample H1

**Diabetes Eye Screening Project  
CHECK-IN FORM**

**ID#**

Name: \_\_\_\_\_

**Number** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Walk-in**

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Stations:**

**A.** Consent \_\_\_\_\_

**B.** Eye Chart \_\_\_\_\_

**C.** Tonapen/Eye Drops \_\_\_\_\_

(Dilating drops after eye chart)

**D.** Blood Draw \_\_\_\_\_

( **Note:** Please remove coats, jackets, or sweaters before seeing the nurse.)

**E.** Blood Pressure \_\_\_\_\_

**F.** Questionnaire \_\_\_\_\_

**G.** Height and Weight \_\_\_\_\_

**H.** Eye Exam \_\_\_\_\_

**I.** Check Out \_\_\_\_\_

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# University of Michigan

## Culture Specific Diabetic Eye Disease Screening Clinic

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### INFORMED CONSENT

The purpose of this research is to find out the value of community-based eye screening clinics for finding and treating diabetes-related eye disease in order to prevent vision loss and blindness. The study is open to persons over 18 years of age with diabetes. The project will involve approximately 700 patients in southeastern Michigan. If you take part, you will receive several free exams. It usually takes between 45 and 90 minutes to complete the clinic. You will:

- have your eyes examined by a medical doctor.
- have your height, weight and blood pressure measured.
- have a small amount of blood drawn (about 1 teaspoon) for a glycosylated hemoglobin test to see how your blood sugar has been for the last 2–3 months.

The results of all of these exams will be given to you and your doctor. The eye exam is the same exam that is recommended for patients with diabetes on a yearly basis.

Our five-year funding for free eye clinics will end in December, 1999. All people in the project will receive notification of similar clinics held in 2000. We may contact you in subsequent years to ask questions about your eye health.

You will have no potential risks, other than the small risk and discomfort of having blood drawn (vena puncture) and from having eye drops put in your eyes. These risks will be lowered by having your blood drawn by a specially trained health care professional. Answering written and spoken questions may cause you some bother. We will write in the answers to the written questions if you would like us to do so.

Your benefits from being in the project are free eye exams and being better informed of your eye health.

You will not be paid for being in the study.

Your name will not be listed in any reports on this study. Records will be kept confidential to the extent provided by federal, state and local law.

We will inform you right away if we learn of any new risks from being in the study.

In the event of physical injury which may result from this study, the University of Michigan will provide first-aid medical treatment. Additional medical treatment will be provided if the University decides it is responsible. However, the University does not pay a person who is injured while taking part in a research study.

To find out more about any part of this project you may contact the people listed below.



(Sample H2a cont'd.)

Department of Medical Education:

Robert M. Anderson, EdD  
University of Michigan  
G1116 Towsley Ctr 0201  
Ann Arbor, MI 48109  
Phone # (734) 763-1153

Roland G. Hiss, MD  
University of Michigan  
G1103 Towsley Ctr 0201  
Ann Arbor, MI 48109  
Phone # (734) 763-1426

James T. Fitzgerald, PhD  
University of Michigan  
G1200 Towsley Ctr 0201  
Ann Arbor, MI 48109  
Phone # (734) 763-1153

Department of Ophthalmology:

Mark W. Johnson, MD  
University of Michigan  
1000 Wall Street 0714  
Ann Arbor, MI 48105-1994  
Phone # (734) 936-7760

David C. Musch, PhD  
University of Michigan  
255 Kellogg Eye Ctr 0714  
Ann Arbor, MI 48105-1994  
Phone # (734) 763-8175

Joining this study is up to you. You don't have to join or you can quit at any time. You may have your eyes examined today for free even if you do not join the study.

One copy of this form will be kept with our records. A second copy will be given to you.

I have read the information given above and understand it. All of my questions about the study have been answered. I agree to join this study.

Name of participant/signature \_\_\_\_\_ Date \_\_\_\_\_

Advocate/Next of Kin Name \_\_\_\_\_

Advocate/Next of Kin Signature \_\_\_\_\_

Advocate/Next of Kin Relationship \_\_\_\_\_ Date \_\_\_\_\_

I have provided this subject with enough information about his/her risks, benefits and rights as a subject in this study. They have not been forced or persuaded to join the study. I have witnessed the signing of this document by the subject.

Investigator's Name \_\_\_\_\_

Signature of Investigator \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions or concerns about your rights as a research subject, or any grievance, you may also contact the Office of Patient-Staff Relations, L5003 Women's Hospital, University of Michigan Medical Center, Ann Arbor, Michigan 48109-0275; telephone 734-763-5456.

The Institutional Review Board for Human Subject Research at the University of Michigan Medical School (IRBMED) reviewed this research project from the standpoint of the protection of human research subjects. The IRBMED found the project to be in compliance with the regulations of the United States Government and of the University of Michigan.

IRBMED Archive number: 93-140

Approval Date: 01/14/99

Expiration Date: 01/14/00

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# University of Michigan

## Culture Specific Diabetic Eye Disease Screening Clinic

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### Consentimiento Informado

Esta investigación tiene el propósito de averiguar el valor de clínicas de la detección de los ojos basada en la comunidad para encontrar y tratar la enfermedad de los ojos relacionada con la diabetes. El estudio es para las personas de 18 años o mayores con diabetes. Aproximadamente 700 pacientes de la sudeste de Michigan participaron en el proyecto. Si Ud. participe, recibirá varias exámenes gratis. Normalmente se dura entre 45 y 90 minutos para completar la clínica.

- Un médico le examinará a los ojos.
- Le medirá la altura, peso y presión de la sangre.
- Le sacará un poco de sangre (como una cucharilla) para una prueba de la hemoglobina glicosilada para averiguar como ha estado el azúcar de sangre durante los últimos 2-3 meses.

Les da los resultados de todos estos exámenes a Ud. y a su médico. El examen de los ojos es el mismo examen recomendado cada año a pacientes con diabetes.

Nuestros fondos de cinco años para ofrecer el servicio gratuito terminaran en Diciembre de 1999. Las personas en el proyecto recibirán notificación de servicios similares durante el año 2000. Nos comunicaremos con usted en los siguientes años para preguntar sobre la salud de sus ojos.

Aparte del riesgo pequeño y la molestia de tener sacada sangre (Puntura de la vena) y de tener puesta gotas en los ojos, no tendrá riesgos potenciales. Serán menos los riesgos teniendo un profesional del cuidado de la salud que le saque la sangre. El contestar preguntas escritas y orales podrá ser difícil para Ud., si quiere escribiremos las respuestas a las preguntas escritas.

Los beneficios de participar en el proyecto son los exámenes de los ojos gratis durante los próximos uno a cuatro años, y estar mejor informado de su salud de los ojos.

No se les pagará por tomar parte en el estudio.

Su nombre no estará incluido en ningún informe de este estudio. Guardaremos en confianza los informes en toda la extensión de la ley federal, del estado y local.

Les informaremos inmediatamente si se nos dan a presentar nuevos riesgos por participar en el estudio.

En el caso de herida física que puede resultar de este estudio, la Universidad de Michigan proveerá el tratamiento médico de primeros auxilios. Si la Universidad decide que es responsable, proveerá tratamiento médico adicional. No obstante, no paga la Universidad a una persona herida al participar en un estudio de investigación.





*(Simple H2b cont'd.)*

Para enterarse más de alguna parte de este proyecto, ponerse en contacto con la gente siguiente.

Departamento de Medicina de Estudios Superiores/Educación de las Profesiones de Salud

Robert M. Anderson, Ed.D.  
University of Michigan  
G1116 Towsley Ctr 0201  
Ann Arbor, MI 48109  
Phone # (734) 763-1153

Roland G. Hiss, M.D.  
University of Michigan  
G1103 Towsley Ctr 0201  
Ann Arbor, MI 48109  
Phone # (734) 763-1426

James T. Fitzgerald, PhD  
University of Michigan  
G1200 Towsley Ctr 0201  
Ann Arbor, MI 48109  
Phone # (734) 763-1153

Departamento de Oftalmología

Mark W. Johnson, M.D.  
University of Michigan  
1000 Wall Street 0714  
Ann Arbor, MI 48105-1994  
Phone # (734) 936-7760

David C. Musch, Ph.D.  
University of Michigan  
255 Kellogg Eye Ctr 0714  
Ann Arbor, MI 48105-1994  
Phone # (734) 763-8175

Participar en este estudio es su decisión. No tiene que participar o puede dejarlo cuando quiera. Puede tener un examen gratis de los ojos hoy aún si no participa en el estudio.

Guardaremos una copia de esta forma con nuestros documentos. Le daremos otra copia.

He leído la información dada arriba y la entiendo. Han contestado todas mis preguntas sobre el estudio. Quiero participar en este estudio.

Nombre de participante \_\_\_\_\_

Firma del participante \_\_\_\_\_ Fecha \_\_\_\_\_

El participante fue presentado con suficiente información de sus riesgos, beneficios y derechos de tomar parte en el estudio. No fue forzado a ser parte del estudio. Fuí testigo(a) que el participante firmó este documento.

Nombre del investigador \_\_\_\_\_

firma del investigador \_\_\_\_\_ Fecha \_\_\_\_\_

Si tiene preguntas de sus derechos como participante del estudio, o cualquier preocupación, se puede comunicar con Office of Patient-Staff Relations, L503 Women's Hospital, University of Michigan Medical Center, Ann Arbor, Michigan 48109-0275; telefono 313-763-5456

Las Oficina Institucional de Revision para Investigation de sujetos Humanos de la Universidad de Michigan reviso este proyecto del punto de vista de la protection de proyectos de investigation humanos encontro que el proyecto cumpliera los requisitos del Gobierno de los Estados Unidos y la Universidad de Michigan.

IRBMED Archive number: 93-140  
Approval Date: 01/14/99  
Expiration Date: 01/14/00

IN-CLINIC FORM

Appt. Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ (month/day/year)

Time Drops Added: \_\_\_\_\_

Patient ID#: \_\_\_\_\_ Organization: \_\_ \_\_ \_\_

1. Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Evening

2. Date of Diabetes Onset: 19\_\_ \_\_

3. Is there someone who can take you home today? Yes  No

- If yes, who?  Family member
 Friend
 Someone from the sponsoring agency
 Other, who? \_\_\_\_\_

4. Allergy to dilating drop? Yes  No  If yes, please explain: \_\_\_\_\_

5. Height \_\_ \_\_. \_\_ inches

6. Weight \_\_ \_\_ \_\_ lbs.

7. Blood Pressure \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_

(OPTIONAL TESTING)

8. Time blood was drawn: \_\_ \_\_ : \_\_ \_\_ a.m. \_\_ \_\_ : \_\_ \_\_ p.m.

9. Time of last meal: \_\_ \_\_ : \_\_ \_\_ a.m. \_\_ \_\_ : \_\_ \_\_ p.m.

What did you eat?

10. Random blood

11. GHb \_\_ \_\_. \_\_

**OPHTHALMOLOGIC EXAMINATION**

Patient ID#: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
Date: \_\_\_\_\_

- 1. Snellen Visual Acuity:**
- a. Right Eye 20/ \_\_\_\_ glasses Yes  No   
20/ \_\_\_\_ Pinhole
- b. Left Eye 20/ \_\_\_\_ glasses Yes  No   
20/ \_\_\_\_ Pinhole

**2. Tonometry:** Right Eye \_\_\_\_ Left Eye \_\_\_\_

- 3. Ophthalmoscopy:**  direct  indirect  slit-lamp  
 impossible/unreliable (why? \_\_\_\_\_)

**Findings Requiring:**

<b>A. Immediate Evaluation/Treatment</b>	<b>Right Eye</b>			<b>Left Eye</b>		
1. Iris rubeosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>
2. New vessels-disc (on or within 1 DD)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>
3. New vessels-elsewhere	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>
4. Fibrous proliferation (disc or elsewhere)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>
5. Vitreous or preretinal hemorrhage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>
6. Macular thickening (within 1 DD of center)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>
7. Hard exudates (within 1 DD of center)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>
8. IOP ≥ 30 mmHg	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>

<b>B. Complete Eye Evaluation within 3 Months</b>						
1. Cotton-wool spots	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>
2. IRMA (intraretinal microvascular anomalies)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>
3. Venous beading	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>
4. Cup-to-disc ratio ≥ 0.6	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>
5. Cup-to-disc ratio ≥ 0.2 larger than fellow eye	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>
6. IOP ≥ 23 mmHg	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>

<b>C. Annual Examination</b>						
1. Microaneurysms/dot hemorrhages	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>
2. Cataract (visually significant)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	? <input type="checkbox"/>

<b>D. Other Findings:</b>					
1. Unexplained visual loss	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Findings not listed above (if yes, please list)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

- 4. Final Recommendation:**
- Immediate evaluation and/or treatment within \_\_\_\_ days  
 Complete evaluation within 3 months  
 Annual evaluation

Results of Eye Screening Exam for: \_\_\_\_\_

**Diabetes Eye Screening Project—University of Michigan Medical School  
1-800-529-5345**

**Results of Your Eye Screening Examination**

**Annual:**

- The doctor found no evidence of diabetic eye disease. It is important that you have your eyes examined every year.
- The doctor found a cataract that may interfere with your vision. You may wish to have this evaluated further.
- The doctor found evidence of mild diabetic eye disease. You do not need treatment at the present time. However, it is important that you have your eyes examined every year.

**Within 3 months:**

- The doctor's exam suggests that you may have risk factors for glaucoma. Glaucoma can hurt your vision. We recommend that you have a complete eye evaluation within three months.
- The doctor found evidence of serious diabetic eye disease. You should have a complete eye evaluation within three months.

**Immediate:**

- The doctor found evidence of high eye pressure (possible glaucoma) in need of immediate treatment. Glaucoma is vision-threatening. You should be seen for treatment within \_\_\_\_\_ days.
- The doctor found evidence for sight-threatening diabetic eye disease. You should be seen for treatment within \_\_\_\_\_ days.

**Options for treatment:**

- (screening ophthalmologist)
- Kresge Eye Institute  
Wayne State Univ., Hutzel Hosp.  
4717 St. Antoine  
Detroit, MI 48201  
(313-577-1320)
- W. K. Kellogg Eye Center  
Univ. of Michigan  
1000 Wall Street  
Ann Arbor, MI 48105-0714  
(734-763-5906)

Resultados del Examen de la Detección para: \_\_\_\_\_

**Proyecto de la Detección de los Ojos de la Diabetes  
La Unersidad de Michigan Colegio de Medicina  
1-800-529-5345**

**Resultados de Su Examen de la Detección de los Ojos**

**Anual:**

- El médico no encontró ninguna evidencia de la enfermedad diabética de los ojos. Es importante que tenga un examen de sus ojos cada año.
- El médico encontró una catarata que puede estorbar su visión. Es posible que desee evaluarlo más profundamente.
- El médico encontró evidencia de la enfermedad leve diabética de los ojos. No necesita tratamiento ahora. No obstante, es importante tener un examen de los ojos cada año.

**Dentro de 3 meses:**

- El examen del médico sugiere que es posible que tenga glaucoma. El glaucoma amenaza a la visión. Debe de tener una evaluación completo de los ojos dentro de tres meses.
- El médico encontró evidencia de la enfermedad seria diabética de los ojos. Debe de tener una evaluacion completo de los ojos dentro de tres meses.

**Inmediata:**

- El médico encontró evidencia del glaucoma que necesita tratamiento inmediata. El glaucomoa amenaza a la visión. Debe de buscar tratamiento dentro de \_\_\_\_\_ días.
- El médico encontró evidencia de la enfermedad diabética de los ojos que amenaza a la visión. Debe de buscar tratamiento dentro de \_\_\_\_\_ días.

**Opciones de tratamiento:**

- (oftalmólogo de la detección)
- Kresge Eye Institute  
Wayne State University, Hutzel Hospital  
4717 St. Antoine  
Detroit, MI 48201  
(313-577-1320)
- W. K. Kellogg Eye Center  
University of Michigan  
1000 Wall Street  
Ann Arbor, MI 48105-0714  
(734-763-5906)

Sample H6

Blood tube label:

5/21/02    Education Pat. Code.  
Name  
GHB

Form label:

Education Pa                    5/21/02  
Name  
Class Site

**Diabetes Eye Screening Project**  
**Station A Informed Consent**

1	<input type="checkbox"/>	17	<input type="checkbox"/>	33	<input type="checkbox"/>	49	<input type="checkbox"/>	65	<input type="checkbox"/>
2	<input type="checkbox"/>	18	<input type="checkbox"/>	34	<input type="checkbox"/>	50	<input type="checkbox"/>	66	<input type="checkbox"/>
3	<input type="checkbox"/>	19	<input type="checkbox"/>	35	<input type="checkbox"/>	51	<input type="checkbox"/>	67	<input type="checkbox"/>
4	<input type="checkbox"/>	20	<input type="checkbox"/>	36	<input type="checkbox"/>	52	<input type="checkbox"/>	68	<input type="checkbox"/>
5	<input type="checkbox"/>	21	<input type="checkbox"/>	37	<input type="checkbox"/>	53	<input type="checkbox"/>	69	<input type="checkbox"/>
6	<input type="checkbox"/>	22	<input type="checkbox"/>	38	<input type="checkbox"/>	54	<input type="checkbox"/>	70	<input type="checkbox"/>
7	<input type="checkbox"/>	23	<input type="checkbox"/>	39	<input type="checkbox"/>	55	<input type="checkbox"/>	71	<input type="checkbox"/>
8	<input type="checkbox"/>	24	<input type="checkbox"/>	40	<input type="checkbox"/>	56	<input type="checkbox"/>	72	<input type="checkbox"/>
9	<input type="checkbox"/>	25	<input type="checkbox"/>	41	<input type="checkbox"/>	57	<input type="checkbox"/>	73	<input type="checkbox"/>
10	<input type="checkbox"/>	26	<input type="checkbox"/>	42	<input type="checkbox"/>	58	<input type="checkbox"/>	74	<input type="checkbox"/>
11	<input type="checkbox"/>	27	<input type="checkbox"/>	43	<input type="checkbox"/>	59	<input type="checkbox"/>	75	<input type="checkbox"/>
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16	<input type="checkbox"/>	32	<input type="checkbox"/>	48	<input type="checkbox"/>	64	<input type="checkbox"/>	80	<input type="checkbox"/>

Sample H7b

**Diabetes Eye Screening Project**  
**Station B Tonapen/Dilatation**

1	<input type="checkbox"/>	17	<input type="checkbox"/>	33	<input type="checkbox"/>	49	<input type="checkbox"/>	65	<input type="checkbox"/>
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3	<input type="checkbox"/>	19	<input type="checkbox"/>	35	<input type="checkbox"/>	51	<input type="checkbox"/>	67	<input type="checkbox"/>
4	<input type="checkbox"/>	20	<input type="checkbox"/>	36	<input type="checkbox"/>	52	<input type="checkbox"/>	68	<input type="checkbox"/>
5	<input type="checkbox"/>	21	<input type="checkbox"/>	37	<input type="checkbox"/>	53	<input type="checkbox"/>	69	<input type="checkbox"/>
6	<input type="checkbox"/>	22	<input type="checkbox"/>	38	<input type="checkbox"/>	54	<input type="checkbox"/>	70	<input type="checkbox"/>
7	<input type="checkbox"/>	23	<input type="checkbox"/>	39	<input type="checkbox"/>	55	<input type="checkbox"/>	71	<input type="checkbox"/>
8	<input type="checkbox"/>	24	<input type="checkbox"/>	40	<input type="checkbox"/>	56	<input type="checkbox"/>	72	<input type="checkbox"/>
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16	<input type="checkbox"/>	32	<input type="checkbox"/>	48	<input type="checkbox"/>	64	<input type="checkbox"/>	80	<input type="checkbox"/>



**Diabetes Eye Screening Project**  
**Station C Eye Chart**

1	<input type="checkbox"/>	17	<input type="checkbox"/>	33	<input type="checkbox"/>	49	<input type="checkbox"/>	65	<input type="checkbox"/>
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6	<input type="checkbox"/>	22	<input type="checkbox"/>	38	<input type="checkbox"/>	54	<input type="checkbox"/>	70	<input type="checkbox"/>
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15	<input type="checkbox"/>	31	<input type="checkbox"/>	47	<input type="checkbox"/>	63	<input type="checkbox"/>	79	<input type="checkbox"/>
16	<input type="checkbox"/>	32	<input type="checkbox"/>	48	<input type="checkbox"/>	64	<input type="checkbox"/>	80	<input type="checkbox"/>

**Diabetes Eye Screening Project**  
**Station D Blood Draw**

1	<input type="checkbox"/>	17	<input type="checkbox"/>	33	<input type="checkbox"/>	49	<input type="checkbox"/>	65	<input type="checkbox"/>
2	<input type="checkbox"/>	18	<input type="checkbox"/>	34	<input type="checkbox"/>	50	<input type="checkbox"/>	66	<input type="checkbox"/>
3	<input type="checkbox"/>	19	<input type="checkbox"/>	35	<input type="checkbox"/>	51	<input type="checkbox"/>	67	<input type="checkbox"/>
4	<input type="checkbox"/>	20	<input type="checkbox"/>	36	<input type="checkbox"/>	52	<input type="checkbox"/>	68	<input type="checkbox"/>
5	<input type="checkbox"/>	21	<input type="checkbox"/>	37	<input type="checkbox"/>	53	<input type="checkbox"/>	69	<input type="checkbox"/>
6	<input type="checkbox"/>	22	<input type="checkbox"/>	38	<input type="checkbox"/>	54	<input type="checkbox"/>	70	<input type="checkbox"/>
7	<input type="checkbox"/>	23	<input type="checkbox"/>	39	<input type="checkbox"/>	55	<input type="checkbox"/>	71	<input type="checkbox"/>
8	<input type="checkbox"/>	24	<input type="checkbox"/>	40	<input type="checkbox"/>	56	<input type="checkbox"/>	72	<input type="checkbox"/>
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16	<input type="checkbox"/>	32	<input type="checkbox"/>	48	<input type="checkbox"/>	64	<input type="checkbox"/>	80	<input type="checkbox"/>

**Diabetes Eye Screening Project**  
**Station E Blood Pressure**

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15	<input type="checkbox"/>	31	<input type="checkbox"/>	47	<input type="checkbox"/>	63	<input type="checkbox"/>	79	<input type="checkbox"/>
16	<input type="checkbox"/>	32	<input type="checkbox"/>	48	<input type="checkbox"/>	64	<input type="checkbox"/>	80	<input type="checkbox"/>

**Diabetes Eye Screening Project  
Station H Questionnaire**

1	<input type="checkbox"/>	17	<input type="checkbox"/>	33	<input type="checkbox"/>	49	<input type="checkbox"/>	65	<input type="checkbox"/>
2	<input type="checkbox"/>	18	<input type="checkbox"/>	34	<input type="checkbox"/>	50	<input type="checkbox"/>	66	<input type="checkbox"/>
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16	<input type="checkbox"/>	32	<input type="checkbox"/>	48	<input type="checkbox"/>	64	<input type="checkbox"/>	80	<input type="checkbox"/>

**Diabetes Eye Screening Project**  
**Station G      Height and Weight**

1	<input type="checkbox"/>	17	<input type="checkbox"/>	33	<input type="checkbox"/>	49	<input type="checkbox"/>	65	<input type="checkbox"/>
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16	<input type="checkbox"/>	32	<input type="checkbox"/>	48	<input type="checkbox"/>	64	<input type="checkbox"/>	80	<input type="checkbox"/>

**Diabetes Eye Screening Project**  
**Station H Eye Exam**

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6	<input type="checkbox"/>	22	<input type="checkbox"/>	38	<input type="checkbox"/>	54	<input type="checkbox"/>	70	<input type="checkbox"/>
7	<input type="checkbox"/>	23	<input type="checkbox"/>	39	<input type="checkbox"/>	55	<input type="checkbox"/>	71	<input type="checkbox"/>
8	<input type="checkbox"/>	24	<input type="checkbox"/>	40	<input type="checkbox"/>	56	<input type="checkbox"/>	72	<input type="checkbox"/>
9	<input type="checkbox"/>	25	<input type="checkbox"/>	41	<input type="checkbox"/>	57	<input type="checkbox"/>	73	<input type="checkbox"/>
10	<input type="checkbox"/>	26	<input type="checkbox"/>	42	<input type="checkbox"/>	58	<input type="checkbox"/>	74	<input type="checkbox"/>
11	<input type="checkbox"/>	27	<input type="checkbox"/>	43	<input type="checkbox"/>	59	<input type="checkbox"/>	75	<input type="checkbox"/>
12	<input type="checkbox"/>	28	<input type="checkbox"/>	44	<input type="checkbox"/>	60	<input type="checkbox"/>	76	<input type="checkbox"/>
13	<input type="checkbox"/>	29	<input type="checkbox"/>	45	<input type="checkbox"/>	61	<input type="checkbox"/>	77	<input type="checkbox"/>
14	<input type="checkbox"/>	30	<input type="checkbox"/>	46	<input type="checkbox"/>	62	<input type="checkbox"/>	78	<input type="checkbox"/>
15	<input type="checkbox"/>	31	<input type="checkbox"/>	47	<input type="checkbox"/>	63	<input type="checkbox"/>	79	<input type="checkbox"/>
16	<input type="checkbox"/>	32	<input type="checkbox"/>	48	<input type="checkbox"/>	64	<input type="checkbox"/>	80	<input type="checkbox"/>

**Diabetes Eye Screening Project**  
**Station I      Check out**

1	<input type="checkbox"/>	17	<input type="checkbox"/>	33	<input type="checkbox"/>	49	<input type="checkbox"/>	65	<input type="checkbox"/>
2	<input type="checkbox"/>	18	<input type="checkbox"/>	34	<input type="checkbox"/>	50	<input type="checkbox"/>	66	<input type="checkbox"/>
3	<input type="checkbox"/>	19	<input type="checkbox"/>	35	<input type="checkbox"/>	51	<input type="checkbox"/>	67	<input type="checkbox"/>
4	<input type="checkbox"/>	20	<input type="checkbox"/>	36	<input type="checkbox"/>	52	<input type="checkbox"/>	68	<input type="checkbox"/>
5	<input type="checkbox"/>	21	<input type="checkbox"/>	37	<input type="checkbox"/>	53	<input type="checkbox"/>	69	<input type="checkbox"/>
6	<input type="checkbox"/>	22	<input type="checkbox"/>	38	<input type="checkbox"/>	54	<input type="checkbox"/>	70	<input type="checkbox"/>
7	<input type="checkbox"/>	23	<input type="checkbox"/>	39	<input type="checkbox"/>	55	<input type="checkbox"/>	71	<input type="checkbox"/>
8	<input type="checkbox"/>	24	<input type="checkbox"/>	40	<input type="checkbox"/>	56	<input type="checkbox"/>	72	<input type="checkbox"/>
9	<input type="checkbox"/>	25	<input type="checkbox"/>	41	<input type="checkbox"/>	57	<input type="checkbox"/>	73	<input type="checkbox"/>
10	<input type="checkbox"/>	26	<input type="checkbox"/>	42	<input type="checkbox"/>	58	<input type="checkbox"/>	74	<input type="checkbox"/>
11	<input type="checkbox"/>	27	<input type="checkbox"/>	43	<input type="checkbox"/>	59	<input type="checkbox"/>	75	<input type="checkbox"/>
12	<input type="checkbox"/>	28	<input type="checkbox"/>	44	<input type="checkbox"/>	60	<input type="checkbox"/>	76	<input type="checkbox"/>
13	<input type="checkbox"/>	29	<input type="checkbox"/>	45	<input type="checkbox"/>	61	<input type="checkbox"/>	77	<input type="checkbox"/>
14	<input type="checkbox"/>	30	<input type="checkbox"/>	46	<input type="checkbox"/>	62	<input type="checkbox"/>	78	<input type="checkbox"/>
15	<input type="checkbox"/>	31	<input type="checkbox"/>	47	<input type="checkbox"/>	63	<input type="checkbox"/>	79	<input type="checkbox"/>
16	<input type="checkbox"/>	32	<input type="checkbox"/>	48	<input type="checkbox"/>	64	<input type="checkbox"/>	80	<input type="checkbox"/>

## I: Stations 1–10

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***SAMPLES/FORMS IN SECTION I***

- Master list of participants (11)



## Station 1. Check-in, Informed Consent

---

**Materials needed:** Paperwork, envelopes, sign-in sheet, broad felt-tip marker, clipboards

**Set-up:** Long table, with chair for staff member on one side and several chairs for participants on the other side.

1. All paperwork should be located at this station. It is helpful to use a portable file box to hold the prepared envelopes for each preregistered participant. The envelopes should be filed by order of scheduled appointment.
2. Several patients can be welcomed and registered as a group. Introduce yourself and explain what will happen during the clinic. A sample explanation is given below.

“Hello. This is an eye clinic for people with diabetes. Do you have diabetes?” (If the patient does not have diabetes, explain that the eye exam being offered at today’s clinic is to determine if diabetes has affected the person’s eyes. The exam has no value for a person who does not have diabetes. Provide information about screening for diabetes for those who suspect they may have diabetes, or you may wish to do a finger-prick glucose test.)

“Let me tell you how this clinic works. The clinic is being offered as a partnership between (name of sponsoring organization) and (name of community-based site, e.g., church, senior citizen’s center, etc.). The purpose of this clinic is to increase the number of people with diabetes who have their eyes examined every year. The reason that this exam is important is because diabetes can harm a person’s vision without the person ever knowing it. Diabetes eye disease can lead to vision loss and blindness without that person knowing anything was wrong until it was too late. That is why all people with diabetes are advised to have their eyes examined each year to see if their eyes have been affected by their diabetes. This exam is **not** the same exam people get to have their prescription for eye glasses adjusted. This is a special exam to determine if diabetes is affecting your eyes. This exam is more complete than when your primary care doctor looks in your eyes.

“During the clinic today, you will be examined by an eye specialist (a medical doctor) called an ophthalmologist (or optometrist). The doctor will tell you the results of your eye exam as soon as it’s finished. If the doctor advises you to seek further treatment, we will help you arrange that treatment if you wish us to do so. We will also check your blood sugar and your blood pressure and give you those results today as well. A copy of the results will be sent to you and to the doctor you see for your diabetes a few weeks after the clinic. A year from now, we will contact you and remind you that it’s time to have another eye exam. You should have your eyes examined every year to see if diabetes has begun to affect them.

“Do you have any questions? (The most frequently asked question is whether eye glass prescriptions can also be issued at this clinic. We advise patients that we cannot check or renew their eye glass prescription at this clinic. However, we will give them information about a variety of low-cost sources for getting new eye glasses.)

*(Check-in, Informed Consent cont'd.)*

3. Have the patient sign in and complete any necessary paperwork. Patients can fill out questionnaires while they wait for the first part of the screening exam.
4. Assign patients a number based on the order of their arrival. Write the number on the front of their envelope. Inform them that when that number is called, it is their turn.
5. Ask each patient if he/she has had cataract surgery. If yes, ask “In the last 15 years?” If yes, proceed. If no (meaning cataract surgery before 1985), have patient seen by ophthalmologist **before** drops are instilled.
6. Show patients where to sit and wait for the first part of the screening exam, and show them where the diabetes information and education is available.

## Station 2. Visual Acuity

---

**Materials needed:** Snellen eye chart, ocular occluder with pinholes, 20-foot measuring tape, masking tape, pen

**Set-up:** Tape the Snellen chart to a flat, well-lighted surface at about eye level. On the floor, measure 20 feet from the chart, and place a wide piece of masking tape on the floor. Mark a heavy black line where the 20 feet is. Measure and mark 10 feet if using the 10 foot chart because of space limitations. Make up a sheet for your use with the letters from each line of the chart and the result (you may have difficulty reading the smallest lines while standing next to the patient).

1. Ask patient if he/she normally wears glasses for distance vision. If so, it is okay to wear them for the test. Indicate on the form whether or not glasses or contact lenses were used.
2. Ask patient to stand with toes on the line, facing the chart.
3. Test right eye first. Ask patient to cover the left eye with the ocular occluder so that he/she is looking only out of the right eye, and to start reading from the top line of the chart.
4. Determine the smallest line that the right eye can read without the pinhole (reading a line means reading at least half the letters on that line). Patients should be encouraged to read the smallest letters possible, even if that includes a few guesses.
5. If patient reads at 20/25 or better (below the green line on the chart), record the result from the chart on the purple ophthya form and proceed to the other eye.
6. If patient reads at less than 20/25, record where they stop. Slide the pinhole device into place, and say, "Sometimes looking through one of the little pinholes helps to make it sharper." Record the smallest line read looking through the pinhole.
7. Cover the right eye, and test the left eye in the same way, beginning with the open occluder, and moving to the pinholes, if needed.
8. Direct the patient to the next station for eye drops.

## Station 3. Eye Drops, Intraocular Pressure

---

### Materials needed:

- Tissues
- Gloves
- Tonopen (or other equipment for measuring eye pressure)
- Covers (for Tonopen)
- Eye drops: Mydriacyl 1%
- Mydrin (Neo-Synephrine) 2.5%
- ProparacaineHCl 0.5%  
(Ophthalmic)
- Timoptic XE 0.5% and Pilocarpine Hydrochloride 1% (in case of reaction)
- Small waste container

**Set-up:** Table, two chairs.

Calibrate the Tonopen before participants arrive (this can take longer than the usual 5–10 minutes if the instrument is cold or requires a battery change).

1. Instill the eye anesthetic drops and note time. Explain the test while doing this.
2. Measure intraocular pressure.
3. Instill dilating eye drops.
4. Record results on chart. Answer any specific questions the participant asks. (The ophthalmologist will give the final results of all the eye tests to each participant.)

## Station 4. Blood Pressure

---

**Materials needed:** Sphygmomanometer, large and regular-size blood pressure cuffs, stethoscope

**Set-up:** Table, two chairs.

1. Take patient's blood pressure.
2. Inform patient of the results, and record results.
3. If blood pressure is greater than 200 systolic or 105 diastolic, tell the patient that their doctor will be notified within 24 hours of the clinic.

(Optional) **Station 5. Blood Collection**

---

**Materials needed:**

- Blood glucose monitor and strips
- Tourniquets
- Gloves
- Vacutainer holder
- Alcohol swabs
- Cotton balls
- Needles, butterfly
- Vacutainers, lavender top 2.5 cc draw
- 3 cc syringes (a few)
- Tape
- Needle disposal box
- Test tube rack
- Cooler
- Ice or ice pack
- Laboratory requisition sheets
- Large and small plastic bags
- Blue pads
- Tissues
- Glucose tablets
- Gooseneck lamp (particularly useful in poorly lighted room)
- Extension cord (to plug in lamp)
- Large waste container lined with plastic bag

**Set-up:** Large table, two chairs. Arrange lamp to light area where patient's arm will be. Cover work space with blue pad.

All procedures must follow the Blood and Body Fluid Guidelines established by the Centers for Disease Control (CDC) and the Michigan Occupational Safety and Health Administration (MIOSHA).

1. Draw blood for the A1C test (one 2.5 cc lavender-topped tube).
2. Label tube with: patient's name, patient's identification number.
3. Place tube in plastic bag (with other blood samples), and in a cooler with ice or ice packs.
4. Prick patient's finger or obtain a drop of blood from tubing of the blood draw (to avoid double stick of the patient).
5. Do a random blood glucose test.
6. Dispose of used tubing and needles in appropriately marked containers.
7. Inform patient of the results, and record results.
8. If random blood glucose is greater than 350, tell the patient that their doctor will be notified within 24 hours of the clinic.
9. Transport blood samples to the laboratory.

## Station 6. Height and Weight

---

**Materials needed:** Cloth tape measure(s), scale

**Set-up:** Tape the tape measure(s) to the wall. You'll need at least 78 inches of tape. Make a mark at 60 inches (5 feet) and 72 inches (6 feet). Place scale near a desk or wall, so patients have something to hang on to while getting their balance.

Patients are often reluctant to be weighed. Provide as much privacy as possible. Be discreet when discussing the results. Some people are more sensitive to a known volunteer—it may be better to have a person who is not part of the local community take these measurements.

1. Ask patient to stand against the wall and measure height, using a level pencil or clipboard between the top of the head and the measuring tape on the wall. Record the measurement and tell the patient.
2. Ask patient to step on the scale. Wait until the patient is still, and note the amount. Inform the patient, and record the result.
3. This is also a good opportunity to ask any follow-up questions if doing random blood glucose tests, such as “What did you have for breakfast today?” “When did you last eat?” “Do you have someone here to drive you home?”

## Station 7. Information/Education

---

### **Materials needed:**

For patients: Flyers and pamphlets from the American Diabetes Association and any other organizations or companies. Free samples of diabetes products. Information about other programs or classes. Encourage the sponsoring organization to have materials of their organization available as well. (It's also a good idea to have food available, such as graham crackers, and something to treat low blood glucose reactions.)

For diabetes educator: Teaching materials or posters. Video patient education programs, and a videotape player and television set, if needed.

**Set-up:** Place patient information on large table or counter. Arrange chairs in a semicircle, so that people waiting to be seen can interact easily with the diabetes educator. Set up videotape player and television set where they can be easily seen.

1. Encourage participants and their families to browse the available materials, and take whatever they wish home with them. Because of the eye drops, patients may have trouble reading.
2. Television programs can be viewed while waiting, although some people may not be able to see very well.
3. Hold mini-teaching sessions using simple teaching materials. Use questions from patients as the topics of the sessions. Handouts of diabetes information for people to take home are helpful.



## Station 8. Funduscopy Examination

---

**Materials needed:** Ophthalmoscope, padded chair, stool (on wheels)

**Set-up:** Darkened room

1. Check patient's eyes to be sure that they are sufficiently dilated.
2. Examine eyes.
3. Inform patient of the results, and record results.
4. Answer any questions, and address any concerns about eye treatment or symptoms.
5. Be prepared to deal with emergent situations.

## Station 9. Paperwork

---

**Materials needed:** Table or clipboard, pen or pencil

**Set-up:** Table or clipboard and chairs

1. Help patient to complete any paperwork, if needed. Go over the information, asking any questions that have not been answered. Be sure that the patient's address and the name and address of his/her physician are included.

## Station 10. Results, Referral, Checkout

---

**Materials needed:** Post-midriatic glasses, referral information

**Set-up:** Table, two chairs

1. Collect all paperwork from the patient.
2. Provide any referrals needed.
3. Provide sunglasses, if needed.
4. Reinforce recommendations of the screening ophthalmologist.
5. Ask if participant has someone to drive him or her home. If not, encourage patient to wait for a while, if possible, until their eyes re-acclimate to light.

# Master List Diabetes Eye Screening Project

Clinic Date: \_\_\_\_\_

Clinic Site: \_\_\_\_\_

**ATTENDEES ( PLEASE PRINT NAME )**

	<b>Appointment</b>	<b>Walk-In</b>
1. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	<input type="checkbox"/>	<input type="checkbox"/>
11. _____	<input type="checkbox"/>	<input type="checkbox"/>
12. _____	<input type="checkbox"/>	<input type="checkbox"/>
13. _____	<input type="checkbox"/>	<input type="checkbox"/>
14. _____	<input type="checkbox"/>	<input type="checkbox"/>

## **J: Follow-Up**

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1. Arrange for any needed referrals. Telephone participants who need follow-up care to confirm that they have made appointments. Telephone again to be sure each person received needed services.
2. Assemble and mail a report to each participant and to each participant's provider (see section K, Recordkeeping and Reports). If other screening groups participated with you determine their procedures in following-up all abnormal results. You may need to share data or consider sending a joint report.
3. Send thank-you letters to clinic volunteers, collaborating/sponsoring organizations, and the site.
4. Schedule a follow-up meeting with the collaborating organization.
  - Present results of the clinic (number of participants, eye disease found, and so on). Provide a written report that meets the needs of the collaborating organization (see section K, Recordkeeping and Reports).
  - Discuss any problems that occurred while still fresh in everyone's minds
  - Discuss how the space worked, and any changes that might need to be made before the next clinic is held in that space.
5. Send reminders to participants prior to the next annual clinic.

### **SAMPLES/FORMS IN SECTION J:**

- Cover letter for participant clinical results (English and Spanish) (J1a, J1b)
- Clinical results (English and Spanish) (J2a, J2b)
- Cover letter for clinic progress report sent to collaborating organization (J3)
- Progress report form for collaborating organization (J4)
- Letter to registered patients who did not come (J5)
- Letter to participant's physician (J6)
- Announcement of repeat clinic for previous participants (J7)

Sample J1a

Eye Screening Clinic date: Date of Screening

Name		
Street Address		
Address 2		
City	State	Zip Code

Thank you for participating in our diabetes eye disease screening clinic. Enclosed, please find your physical and laboratory results. As we have discussed before, a copy of your test results will go to your doctor. I will mail these results within the next two weeks. This will allow time to update your doctor's, or primary care provider's address, if needed. Our records show that your doctor's, or primary care provider's, name address and telephone number are as follows:

Physician Name

Physician address

Physician city	Physician state	Physician zip code
Physician phone number		

If this address is incorrect or incomplete please call me as soon as possible at **1-800-529-5345** so that your doctor, or primary care provider, can receive your results.

Please keep your magnet, that reminded you of the eye exam, since it has our telephone number on it. In fact, please share the telephone number with others with diabetes so they can call and get an eye exam

Our team appreciates your willingness to be a part of this project. Please keep me informed if your phone number or address changes so I can contact you for the clinic next year. If you have any questions in the meantime, please call me **1-800-529-5345**

Sincerely,

Robin Nwankwo, RD, MPH  
Diabetes Eye Disease Screening

Enclosures

Sample J1b

Fecha de la Clinica de la Deteccion de los Ojos:

Name.....		
Street Address.....		
Address 2.....		
City.....	State	Zip Code

Gracias por su participacion en nuestra clinica de la deteccion de la enfermedad diabetica de los ojos. Tambien se envio los resultados incluidos de sus pruebas fisicas y laboratorias a su medico. Favor de guardar el iman que le recuerdo del examen de los ojos como tiene nuestro numero de telefono. De hecho, favo de compartir el numero de telefono con otros con diabetes para que puedan llamar y tener un examen de los ojos tambien.

Como ya sabe, va a recibir su médico una copia de los resultados de su examen. Mandaré estos resultados dentro de las próximas dos semanas. Esto permitirá que nosotros cambiemos la dirección de su médico si es necesario. En nuestro registro, tenemos el nombre, la dirección, y el número de teléfono siguiente de su médico:

Physician Name.....		
Physician address.....		
Physician city.....	Physician st.....	Physician zip.....
Physician phone number.....		

Si esta dirección no es correcta, favor de llamarme con el cambio a 1-800-529-5345.

Nuestro equipo aprecia su complacencia de ser parte de este proyecto. Favor de informarnos si cambia su numero de telefono o direccion para que pueda ponerme en contacto con Usted en cuanto a la clinica del proximo ano. De ahora hasta entonces si tiene cualquier pregunta, favor de llamarme a 1- 800-529-5345.

Atentamente,

Robin Nwankwo, RD, MPH

Incluido: Resultados del laboratorio de la clinica

Sample J2a

Sponsored by: Detroit Department of Health  
Herman Kiefer

Results of tests from screening date:  
September 30, 1999

Re: Name

Glycohemoglobin: mmHg

Normal Range (UM Lab): 4-8%

The glycosylated hemoglobin is a blood test that shows diabetes control over the last two to three months. It is an average of blood sugar levels over this time period.

Keeping your blood sugar level in the normal range will reduce your chances of suffering from the complications of diabetes such as vision loss, kidney failure and foot and leg amputations.

glycnormg  
.....  
.....  
.....

Blood Pressure: SystBP mmHg

Normal Range: Under age 65 - 140/90 or less;  
65 or older, - 160/90 or less.

Many people with diabetes have high blood pressure. High blood pressure is a serious condition and if untreated can hurt your heart, kidneys and eyes.

BP normg  
.....  
.....  
.....  
.....

Re: Name

**Eye Examination**

Diabetic Eye Disease:

eye.res.retinopathy  
.....  
.....  
.....

Eye Pressure Test:

Right eye mmHg Hg      Left eye mmHg

This test measures the eye pressure and is used to help detect glaucoma.

eye.res.glaucoma  
.....  
.....  
.....

Vision Test:

Right eye 20/ Final rgt      Left eye 20/ Final lft

This test measures your ability to see at a standard distance. Normal vision is usually 20/20. For example, a result of 20/80 means that the patient must be as close as 20 feet away to see an object that a person with normal vision could see from 80 feet away.

eye.res.cataract  
.....  
.....  
.....



Dada por: Detroit Public Health Departme

Resultados de pruebas de la fecha de detección:

Trienta de Septiembre de 1999

Re: Name

Glicohemoglobina: %HbA1c

Variación normal (laboratorio de UM) 4-8%

La hemoglobina glicosilada es una prueba de sangre que muestra el control de la diabetes durante los últimos dos o tres meses. Es un promedio de los niveles del azúcar de la sangre durante este periodo de tiempo.

glycnormg

La presión de sangre: Syst/BP mmHg

Variación normal: Menos de la edad 65 - 140/90 o menos
65 años o mayor - 160/90 o menos

Mucha gente con la diabetes tiene la presión alta. La presión alta es una condición seria y si no la trata puede dañar a su corazón, riñones y ojos.

BP normg

Re: Name

Examinación de lo

La Enfermedad Diabétic

eye.res.retinopathy

Prueba de la Presión de los Ojos:

Ojo Derecho rgt glauc Hg Ojo Izquierdo lft glauc Hg

Esta prueba mide la presión de los ojos y se usa para ayudar en la detección del glaucoma.

eye.res.glaucoma

Prueba de la v

jo Derecho 20/ final rgt Ojo Izquierdo 20/ final lft

Esta prueba mide su capacidad de ver a una distancia fija. Usualmente la vista normal es 20/20. Por ejemplo, un resultado de 20/80 significa que el paciente debe estar tan cerca como 20 pies para ver un objeto que una persona con la vista normal podría ver de estar a 80 pies de distancia.

eye.res.cataract

Sample J3

September 13, 1997

Name  
Outreach Specialist, EZCPC  
15770 James Couzens  
Detroit, MI 48238-1049

Dear \_\_\_\_\_,

I am writing to update you on our activities with the Diabetes Eye Disease Screening Project and to present the results from your diabetic eye screening clinic held this past spring. I apologize for the delay in sending out the results. We are committed to bringing to you the most current and accurate information we have. We hope you are as excited about the outcomes as we are.

We have reported our successes at two national conferences where the conferees were concerned about diabetes and eye health. We have proudly attributed the success of the clinics to our collaborating agencies. Again, you have helped to demonstrate that community-based free eye disease screening clinics can be successful.

We are committed to arranging high quality eye care for all clinic participants who need it. For clients needing follow up treatment we have made every effort to arrange treatment through reminders, making appointments and providing transportation. We will continue to do so.

Enclosed are the results (see accompanying table) of your most recent clinic. You are welcome to use these results in reporting your organization's service to the community. The revised report shows the results for all clinics conducted during the past three years. Next to the column are your site's results are totals for the entire project. We are exceeding our goals for patient recruitment because of your efforts to help us. Thank you.

I will begin to schedule the 1998 clinics. Please select a date for your 1998 clinic by November 21, 1997. I plan to visit you to discuss the attached results, and gather your ideas for promoting and conducting your next clinic. Thank you for collaborating with us in the effort to prevent blindness for adults with diabetes.

Sincerely,

Sample J4

**Diabetes Eye Disease Screening Clinic**

**Report of Results of Screening Clinics (10/95 to present)**

**Clinic Name: Dummy**

**Clinic Date: September 12, 1996**

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**A Statistical comparison of individual clinic data with total to date project results**

	<u><b>Your Site</b></u>	<u><b>All Sites</b></u>
Number of clinics held to date:		
Number of patients screened: For the first time: returning:	Current clinic:	
Per cent of scheduled patients who attended:		
Number of unscheduled patients who attended:		
<b>Outcome of screening: (first time patients only)</b>		
Number of patients referred for immediate treatment: (% of screened patients)		
*Reason for immediate referral: • diabetic retinopathy • glaucoma • other *may have multiple diagnosis		
Patient referred for treatment within 3 months: ( % of screened patients)		
*Reason for 3-month referral: • diabetic retinopathy • glaucoma • other		
Number of patients to return for annual exam: ( % of screened patients)		

Sample J5

Eye Screening Clinic Date: November 15, 1995

Name		
Street Address		
City	State	Zip Code

We missed you at the Diabetes Eye Disease Screening Clinic held at Lighthouse of Oakland County on November 15, 1995. We want to remind that people with diabetes should have their eyes examined every year. Diabetes is the leading cause of new blindness among adults. Blindness and vision can be prevented with regular screening and early treatment of diabetic disease.

Another Pontiac clinic is now available sponsored by the Area Urban League of Pontiac. A **free** eye disease screening clinic will be held on **March 21, 1996 from 8:30—12:30** at the Bowen Senior Center building. I strongly encourage you to call to make an appointment today. Screenings are upon availability, so please call early. **The number is: 1-800-529-5345.**

Come and join the group of persons who are taking control of their diabetes management. If you have any questions, please call me at 1-529-5345.

Sincerely,

Robin Nwankwo, RD, MPH

November 5, 1999

Physician Name
Physician address
Physician city
Physician

RE: Your patient, Name

Date of Birth: quest 47

Dear DR Salutation

Your patient was among a number of people from the Detroit Metro area who participated a community diabeticretinopathy screening project co-sponsored by various community human service agencies and the University of Michigan Medical School. The screenings a funded by a grant from the National Institutes of Health . This is the final year of our federally funded screenings. The state health department has agreed to fund similiar screenings. You will be alerted to those possibilities. The screening included an assessmen eye health, a blood pressure reading, laboratory tests that include a glycosolated hemoglobin and random blood sugar, and an examination by an ophthalmologist for diabetes-related ey disease. There is no charge to the patient or the insurance carrier for these assessments. These clinics are an adjunct to the patient’s current medical care, and all test results are beir sent to you as well as the patient.

Enclosed are the clinical and laboratory results that were also sent to your patient. A copy the simplified results form, that was given to your patient after the exam, is included. We continue to provide results of subsequent assessments to you and your patient. If you have any questions or concerns or if you would like any additional information about this proje please contact me at 1-800-529-5345.

Sincerely,

Robin Nwankwo, RD, MPH  
 Diabetes Eye Disease Screening Project

Enclosures

Sample J7

August 6, 1996

Name.....		
Street Address.....		
Address 2.....		
City.....	State.....	Zip Code.....

Hello! It is time to have your eyes examined again. Last year, on Date of Screening you attended or were invited to attend an eye- screening clinic Clinic Site

This year the eye clinic will be held on **March 27, 1997** from **8:30 to 12:30 pm** again at the Herman Kiefer building.

As you know, diabetes is a major cause of vision loss and blindness. Most of this vision loss and blindness could be prevented if people with diabetes had their eyes examined every year. This is a special eye exam to determine if diabetes has affected your eyes. This is a different exam than the one used for renewal of eye glass prescriptions.

**Please call as soon to set up this year's appointment.** As you know, the eye examination is free and both you and your diabetes doctor will receive a written copy of the results. We look forward to seeing you again this year. Take care.

Sincerely,

Robin Nwankwo

## K: Recordkeeping and Reports

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Registration form (print and computer forms), clinic record forms, clinic schedule, follow-up letters and reports.

Depending on how complicated your clinic is and how much data you intend to collect and process, you may find the support of a data management person to be helpful. Create a database beginning with the list of people who participated in the clinic, and include demographic, medical history, ophthalmologic and clinical information, plus the final recommendation from the eye examination. Statistics can be generated from various analyses and used to fulfill reporting requirements to your supporters. The database is also helpful as you register patients for future clinics. The following information describes the methods used and reports generated for our Michigan project.

1. Software (all used on Macintosh computers):
  - FileMaker Pro, for preliminary interviewing and registering of patients, adding processed clinic data, reports, letters, all correspondence.
  - Microsoft Excel, data evaluation and processing
  - SPSS, data evaluation and processing
2. List of persons contacted for the clinic.
  - Did they attend?
  - First, second or third time?
3. List of persons who attended the clinic.
  - Demographic data.
  - Results of tests and measures taken at clinic.
  - Results of eye examination.
  - Final recommendation for treatment.
4. Report for participants.
  - Summary of results.
  - Meaning of blood pressure and glycohemoglobin results.
  - Intraocular pressure readings in comparison with the normal range.
  - Eye health. Report includes information at one level in each section.

*(Recordkeeping cont'd.)*

**Retinopathy:**

- severe eye disease, immediate medical attention needed.
- serious eye disease, attention needed within 3 months
- mild disease, no immediate action needed but annual ophthalmologic exams needed
- no eye disease, annual eye exam needed

**Glaucoma:**

- immediate medical attention needed
- attention needed within 3 months
- no risk for glaucoma

**Cataracts**

- if present

***SAMPLES/FORMS IN SECTION K:***

- After Clinic Data Handling Procedures (K1)
- Eye Screening Interview/Questionnaire and Title Page, sample questions used in research (K2a, K2b)
- Follow-up form (K3)



## After Clinic Data Handling Procedures

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- Collect data sheets:
  - green face sheet
  - pink in-clinic form
  - gray ophthalmologic form
  - completed consent
  - questionnaire
- Review the in-clinic form within 14 hours of the clinic. Make copies of any forms with abnormal values and give to follow-up staff, such as a nurse, along with the participant's phone number and doctor's name and phone number.
- Alphabetize the file folders for ease in locating the clients.
- Enter "if attended" response and questionnaire data and any updates into the computer. File the face sheet, consent and any questionnaire into the client folder after entry. Good time to file any correspondence like confirmation letters and announcements addressed to the client.
- Enter walk-ins and create a file folder for them, alphabetize.
- Tally the number of men and women by race. Record the number referred for 1-month or 3-month follow-up.
- Produce a progress/appointment sheet for each person referred for 1-month or 3-month follow-up. Complete with the diagnosis and period recommendation for follow-up. Staple a copy of the ophthalmologic form to the back for future reference. Place in red follow-up book behind the appropriate month separator.
- Produce an alphabetized list of those referred for treatment to be included and to precede the clinic section of follow-ups.
- Recount the total of the in-clinic and ophthalmologic forms to compare to the clinic tally and sign-in sheet.
- Store the appointment record sheet, the clinic schedule with all pertinent notes on it and the clinic sign-in sheet for storage in the clinic's 3-ring binder.
- Produce a set of mailing labels for the clinic clients. Save unused labels for mailing the clients' results.
- File all no-shows' face sheets in their client file. Produce the "Sorry we missed you letter." Update the letter with information on the next scheduled clinic. Put a copy of the letter in the client file. Mail originals immediately.
- Produce preliminary summary of the clinic acknowledging race, gender, eye treatment recommendation.
- Restock clinic supplies.
- Contact all clients with missing data to recapture it. Enter missing data, and mail new questionnaire if requested.
- Prepare progress report and send to sponsoring organization. Include all agencies that participated.
- Offer two dates in the cover letter for a debriefing and next year's planning meeting. Save on your calendar to avoid future conflicts.

*(Sample K1 cont'd.)*

Some software packages, such as Filemaker Pro or ACCESS, allow you to create a letter layout that merges the name, address, and clinic results per client. If you choose to enter data to maintain a database and subsequently mail out results with explanations to each client, then the following suggestions apply.

- Print one set of original clinic results for the clients; copy that set and file.
- Print a second set of clinic results to mail to clients' doctors.
- Print client cover letters and sign.
- Print paper copy of physician mailing address. Check for complete mailing addresses. Make any corrections needed (use phone books or telephone numbers provided to verify addresses). Print mailing labels.
- Print cover letters for physicians, sign. Proceed with the steps below.

If you choose to have a triplicate form where all information is recorded on the results form used in the clinic, then be sure to have a master of a cover letter for the physician. Proceed with the steps below.

- Client correspondence should include a signed cover letter, 2-page client results, and any optional diabetes information that is useful, but does not promote a product.
- Mailings for physician should include: signed cover letter with patient name and birth date, two-page results form, and sample copy of the yellow client results of eye exam form.
- Stuff and label envelopes. Mail.
- Record mailing date in Clinic notebook.

Sample K2a

**Please bring this form**

**to your**  **exam.**

Patient ID# \_\_\_\_\_

Name \_\_\_\_\_

Organization    \_ \_ \_

## Eye Screening Interview

**Directions:** We are pleased that you have decided to have an eye exam to see if there are any early signs of eye disease caused by diabetes. In order for us to give you the best possible service, please answer the following important questions.

Included are questions about you, your doctor, your eye health and your medical history. If you are not sure about a question, leave it blank and our staff at the exam will help you. To save time, be sure to bring this form with you to your exam appointment. We look forward to seeing you at the clinic.

### Diabetic Eye Disease Screening Project

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## Eye Screening Interview

### Diabetic Eye Disease Screening Project

Please answer each of the following questions by filling in the blanks with the correct answer or by choosing the single best answer.

#### SECTION 1: BACKGROUND

1. Patient Name: _____			
Address: _____			
_____			
Phone:	City	State	Zip Code
	( _____ )		
	Area Code	Daytime	Evening

2. How did you first hear about this clinic? (Circle one.)
- a. My doctor told me
  - b. Newspaper
  - c. Radio
  - d. Television
  - e. My diabetes educator told me
  - f. I heard about it from the agency (church, clinic, community center, etc.)  
sponsoring the clinic
  - g. Support group/friends/other patients/relatives
  - h. Other, please specify: \_\_\_\_\_

(Sample K2b cont'd.)

3. What was the most important reason you came to the clinic today? (Circle one.)
- a. To see if diabetes was affecting my eyes
  - b. Because I was having trouble seeing
  - c. My doctor told me
  - d. My diabetes educator told me
  - e. I'm afraid I'll become blind
  - f. It was a free clinic
  - g. I have never been to an ophthalmologist
  - h. Other, please specify: \_\_\_\_\_

4. Before you found out about this clinic did you know that diabetes could affect your eyes? Yes  No

If yes, what do you think the effect could be? (Circle all that apply.)

- a. blindness
- b. blurred vision
- c. permanently impaired vision \_\_\_\_\_

## SECTION 2: OCULAR HISTORY

5. Do you wear prescription eyeglasses? Yes  No
- If yes: a. all the time? Yes  No
- b. for reading only? Yes  No
6. Do you wear contact lenses? Yes  No
7. Did a doctor ever tell you that you have glaucoma? Yes  No
- If yes: a. were you told to have it treated? Yes  No
- b. did you have it treated? Yes  No

(Sample K2b cont'd.)

(Q7 cont'd.)

c. what was your treatment?

laser	Yes <input type="checkbox"/>	No <input type="checkbox"/>
surgery	Yes <input type="checkbox"/>	No <input type="checkbox"/>
medications	Yes <input type="checkbox"/>	No <input type="checkbox"/>

8. Have you ever been told by a doctor that diabetes has affected your eyes? Yes  No

If yes, what were you told? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Has your doctor **ever referred** you to an ophthalmologist? Yes  No

(Note: By an ophthalmologist we mean a doctor who specializes in the care and surgery of eye diseases, **not** an optometrist who prescribes glasses.)

10. Have you **ever had** your eyes examined by an ophthalmologist? Yes  No

**If no, go to question 12.**

11. Have you been to an ophthalmologist in the past 1 year? Yes  No

**If yes, go to question 13.**

(Sample K2b cont'd.)

12. If you have not been to or seen an ophthalmologist in the past 1 year, why not? (**Circle only the most important reason.**)

- a. Costs too much/No insurance
  - b. Too busy
  - c. Not sent by my doctor
  - d. Did not feel it was important
  - e. Prefer optometrist
  - f. Didn't know I was supposed to
  - g. Ophthalmologist not available close by
  - h. Tried but couldn't get an appointment
  - i. My doctor checks my eyes
  - j. Other, please list: \_\_\_\_\_
- 

**Go to question 16.**

13. If you have been to an ophthalmologist in the past 1 year, what was the purpose of this visit? (**Circle only the most important reason.**)

- a. My doctor felt it was important to check on the effect of diabetes on my eyes
  - b. For checkup/treatment of cataracts
  - c. For checkup/treatment of glaucoma
  - d. Check on the extent of diabetes changes in my eyes
  - e. To change my eye glass prescription/glasses fitted
  - f. I felt it was important and asked to go
  - g. Routine exam
  - h. I noticed a change in my vision
  - i. Other, please list: \_\_\_\_\_
-

(Sample K2b cont'd.)

14. Did you ever have laser treatment for diabetic eye disease? Yes  No

If yes, please indicate which eye(s): Right  Left  Both

How long ago was your last treatment? \_\_\_\_\_

15. Did you ever have eye surgery for diabetic eye disease? Yes  No

If yes, please indicate which eye(s): Right  Left  Both

How long ago was your recent surgery? \_\_\_\_\_

16. Have you had any other eye surgeries? Yes  No

If yes, please list surgeries and indicate which eye(s) were involved:

\_\_\_\_\_  
\_\_\_\_\_

17. Have you ever had an injury to your eye(s)? Yes  No

If yes, which eye(s)? Right  Left  Both

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

18. Please list any eye drops/medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_



(Sample K2b cont'd.)

19. Do you presently have any of the following symptoms? (Circle all that apply.)
- a. blurred vision
  - b. little spots which float across the eye
  - c. see wavy lines instead of straight
  - d. blank spots in vision
  - e. loss of side vision
  - f. eye pain
  - g. none

### SECTION 3: DIABETES PROGRAM (MANAGEMENT)

#### Part A: Diet

20. Have you been advised to follow a meal plan or diet . . .

- a. to control your diabetes?                      Yes     No
- b. to lose weight?                                      Yes     No

21. How often are you able to follow your meal plan closely?  
(i.e., you eat the right **types** and **amounts** of food at the  
right **times**) (Circle one.)

- a. Always
- b. Often
- c. Sometimes
- d. Almost never

#### Part B: Oral Medications

22. Do you take pills to lower your blood sugar?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

#### Part C: Insulin

23. Do you use insulin ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--------------------------	------------------------------	-----------------------------

**If no, go to question 26.**

(Sample K2b cont'd.)

24. How many times a day?  once-a-day  twice-a-day  3-times-a-day or more

25. Have you always used insulin since you were first told you had diabetes? Yes  No

**Part D: Self-Monitoring of Blood Glucose**

26. Do you test your own blood sugar? Yes  No

**Part E: Foot Care**

27. Have you been told to take special care of your feet? Yes  No

**Part F: Daily Activity Level**

28. Have you been told by your doctor to do any **regular** exercise or physical activity **other than your daily activities**? Yes  No

29. **Overall**, how would you describe your daily activity level?

light		moderate		strenuous
1	2	3	4	5

**Part G: Diabetes Education**

30. Have you ever attended classes about diabetes? Yes  No

**If no, go to question 32.**

31. If yes, how long ago were the most recent classes that you attended?  
\_\_\_\_\_ years ago

(Sample K2b cont'd.)

## SECTION 4: MEDICAL HISTORY

32. How many times in the past year have you seen a \_\_\_\_\_ number of times  
doctor for your diabetes?
33. How many times in the past **year** have you been hospitalized for diabetes  
or its complications? (Please circle your answer)
- None    1    2    3    More than 3
34. Have you ever been told by your doctor that you have any of the following  
complications of diabetes? (**Circle all that apply.**)
- a. kidney problems
  - b. foot problems
  - c. hardening of the arteries
  - d. heart disease
  - e. none
35. Have you ever been told by a doctor that you had a heart  
attack? Yes  No
36. Have you ever been told by a doctor that you had a stroke? Yes  No
37. Have you ever been told by a doctor or nurse that you have  
high blood pressure? Yes  No
- If no, go to question 39.**
38. Are you currently taking pills for high blood pressure? Yes  No
39. Have you ever had amputations due to diabetes? Yes  No
40. Do you smoke cigarettes now? Yes  No
41. Have you **ever** smoked cigarettes? Yes  No

(Sample K2b cont'd.)

## SECTION 5: DEMOGRAPHICS

42. Type of health insurance: a.  Medicare      d.  Private Insurance (e.g., Aetna)  
Please List: \_\_\_\_\_
- b.  Medicaid      e.  HMO (e.g., HAP, Omnicare,  
M-Care, Select Care)
- c.  Blue Cross/  
Blue Shield      f.  None
- g.  Other, please list: \_\_\_\_\_
- h.  Don't know

43. What is your primary occupational status? (Check one.)

Employed	<input type="checkbox"/>	(occupation: _____)
Homemaker	<input type="checkbox"/>	Unemployed <input type="checkbox"/>
Student	<input type="checkbox"/>	Disabled <input type="checkbox"/>
Retired	<input type="checkbox"/>	Other <input type="checkbox"/>

44. How would you rate your understanding of diabetes and its treatment? (Please circle your answer.)
- |      |      |           |
|------|------|-----------|
| Poor | Good | Excellent |
| 1    | 2 3  | 4 5       |

45. Sex: Male  Female

46. Which group do you belong to? (Circle one.)

- Asian or Pacific Islander (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Native American
- White (not of Hispanic origin)
- Other

(Sample K2b cont'd.)

47. Birthdate \_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_ (month/day/year)

48. How much schooling have you had?  
(years of formal schooling completed)
- 8 yrs. or less
  - 9-11 yrs.
  - 12 yrs.
  - 13-15 yrs.
  - 16 yrs. or more

49. Please provide the name and address of the doctor who treats your diabetes:

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip Code
------	-------	----------

Doctor's Phone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

**THANK YOU**

Completed forms will enable our staff to serve you better.

### Diabetes Eye Disease Screening Clinic Progress/Appointment Sheet

(For follow- up documentation)

Date of Screening \_\_\_\_\_  
Final Eye recommendation \_\_\_\_\_ mth/week  
Target FU Appt. \_\_\_\_\_

Patient ID number:

SSN \_\_\_\_\_  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_

Retinopathy related \_\_\_\_\_  
Glaucoma related \_\_\_\_\_  
Other \_\_\_\_\_

Need transportation?                      Yes    No

Date:                      Notes:

**End of Manual**