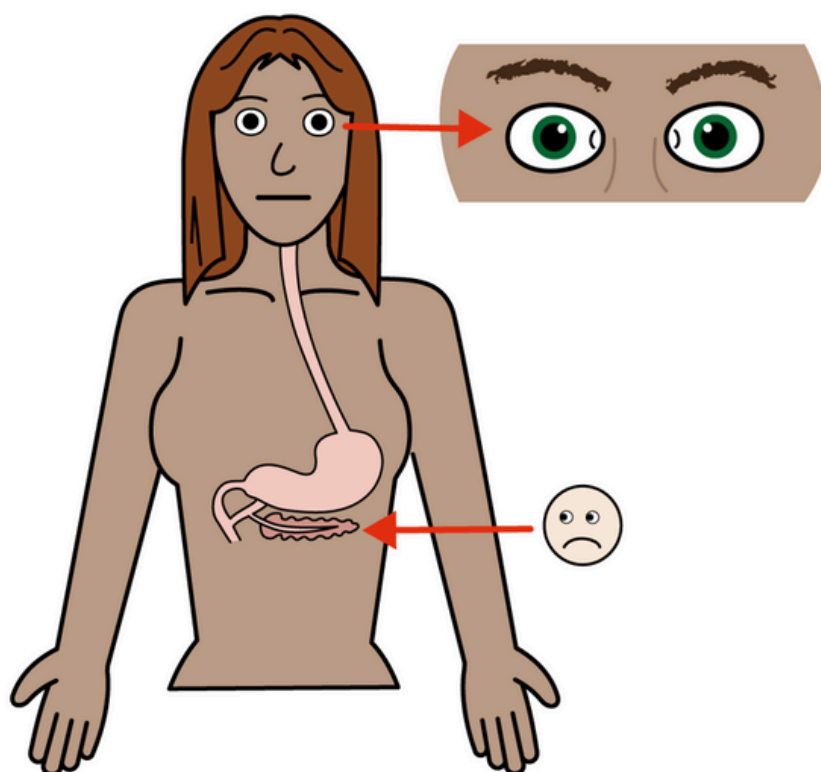
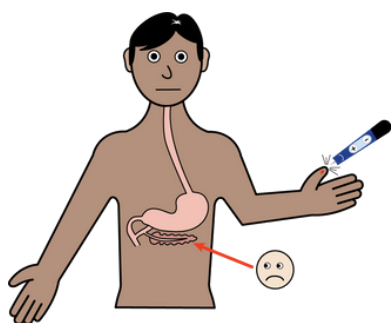


Diabetic eye screening survey

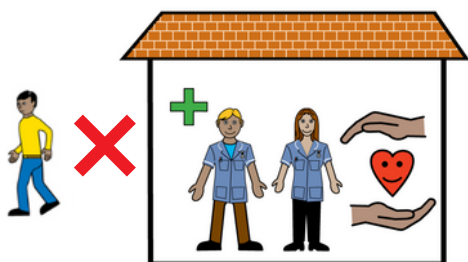


Easy read

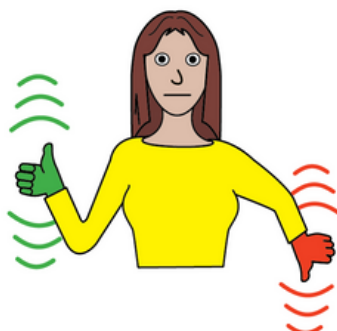
About this survey



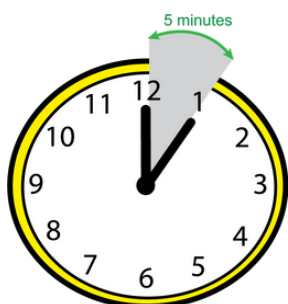
This survey is for people who are diabetic. It can also be filled out by their carers.



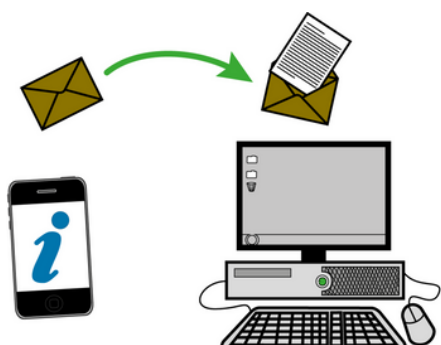
It will help the NHS to understand why some people do not go to their diabetic eye screening appointments.



It will also tell the NHS what diabetic eye screening appointments are like for people who do go.



The survey will take about 5 minutes to do.



If you have any questions about the survey, you can email:

england.kss-ph-admin@nhs.net

Question 1:



We want to make sure you understand what happens to the information you give us in this survey.



The way we use people's personal information is covered by a law. This law is called the General Data Protection Regulations.



This [easy read document](#) tells you how how we use your information and keep it safe.



It also tells you how you can contact us about your information and see a copy of it.



Do you understand how we will use your information? Please tick yes or no:

☐

Yes

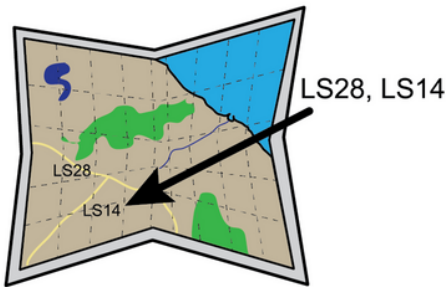
☐

No

Question 2:



We would like to know what area you live in. This will help us make services in your area better.

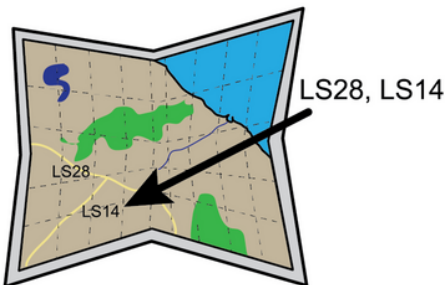


Please tell us the first part of your postcode as well as the first number that comes next. It will look like this:

RG14 7

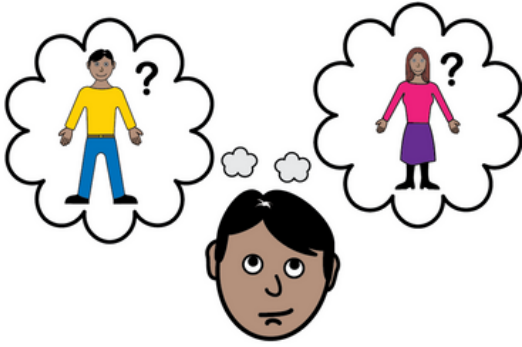


This wont tell us who you are or exactly where you live. It will only tell us what local area you are from.



Please write the first part of your postcode and the first number that comes next in the box below:

Question 3:



Are you doing this survey as someone who has diabetes, or the carer of a person with diabetes?

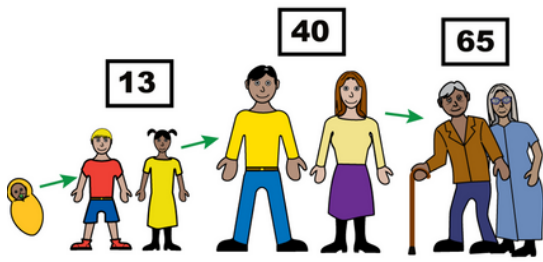
☐

I have diabetes

☐

I am the carer of a person with diabetes

Question 4:



What age is the person with diabetes?

This could be you, or the person you care for:

☐

12 - 18

☐

19 - 34

☐

35 - 54

☐

55 - 74

☐

Older than 75

☐

I don't want to say

Question 5:



If you are aged 18 or younger, you need to ask your parent or carer if you have permission to do this survey.

Do you have permission?

☐

Yes

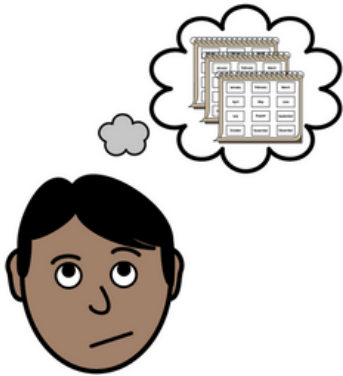
☐

No

☐

I am older than 18

Question 6:



How long have you been diabetic?

This could be you, or the person you care for:

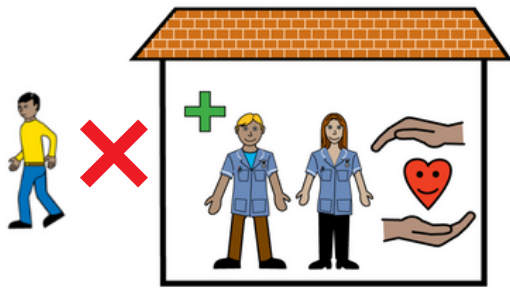
☐

Between 2 and 5 years

☐

More than 5 years

Question 7:



Have you ever missed a diabetic eye screening appointment?

This could be you, or the person you care for:

☐

Yes

☐

No



Why did you miss the appointment?
You can tick up to 3 answers:

☐

I don't think the appointments are very important

☐

I didn't get a reminder

☐

The appointment times are not good for me

☐

The appointments are too far away

☐

I can't travel to the appointment as I have no help

☐

There is nothing wrong with my eyes

☐

I am scared of getting treatment

☐

I don't think I have diabetes

Question 8:



Are there any other reasons why you have missed a diabetic eye screening appointment?

Please write this in the box below:

Question 9:



What is your favourite way for the **NHS** to contact **you** about your appointments?

In the boxes, rank the options from 1 to 6.

1 is your favourite way to be contacted and 6 is your least favourite:



Text message



Email



Letter



Telephone call



On social media



I don't mind

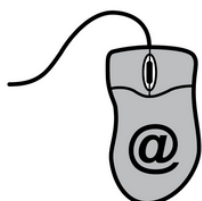
Question 10:



What is **your** favourite way of contacting the **NHS** about your appointments?

In the boxes, rank the options from 1 to 4.

1 is your favourite way to contact the NHS and 4 is your least favourite:



Email



Letter

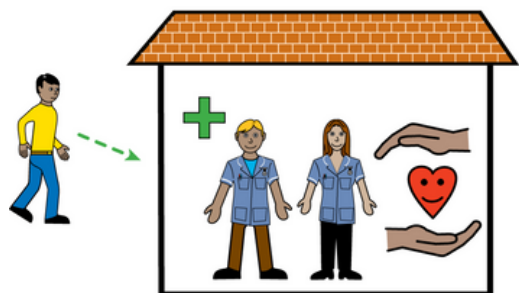


Speak to someone on the phone



I don't mind

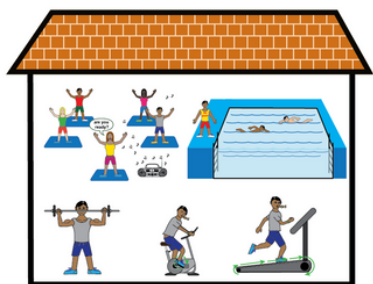
Question 11:



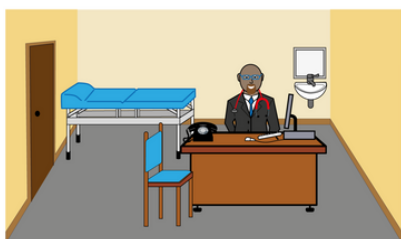
Where is your favourite place to go for your appointment?

In the boxes, rank the options from 1 to 4.

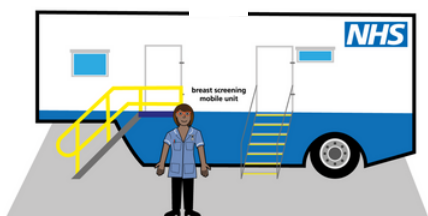
1 is your favourite place to go for your appointment and 4 is your least favourite:



A local community centre, college or sports hall



A GP surgery or medical centre

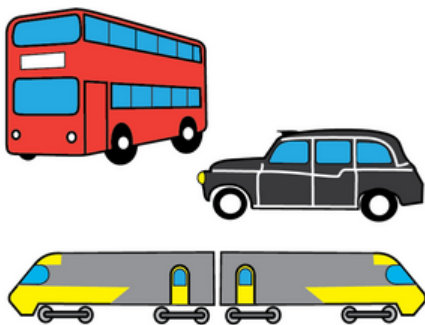


A mobile screening service in your local community



A hospital

Question 12:



What is the longest amount of time you would want to travel to get to your appointment?

☐

Up to 15 minutes

☐

Up to 30 minutes

☐

Up to 60 minutes

☐

More than 60 minutes

Question 13:



What are the 2 most important things about the place you go for your appointment?

Please tick 2 options:

☐

Its easy to get to using public transport like the bus or the train

☐

There is parking nearby

☐

There is disabled parking

☐

There is disabled access

☐

It is open on evenings and weekends

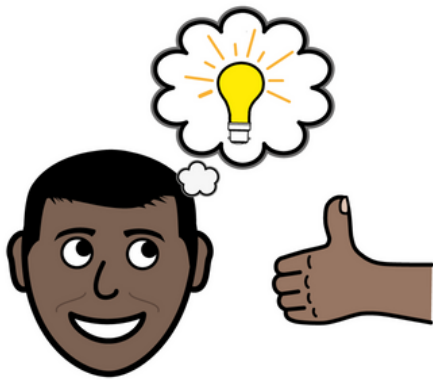
Question 14:



Is there anything else that is important to you about the place where you have your appointment?

Please write this in the box below:

Question 15:



Do you have any ideas that would make your diabetic eye screening appointments better?

Please write these in the box below:

Question 16:



What is your ethnicity?

☐

British: White

☐

British: Black/African/Caribbean

☐

British: Asian

☐

British: Mixed/Multiple ethnic groups

☐

British: other

☐

Non-British: White

☐

Non-British:
Black/African/Caribbean

☐

Non-British: Asian

☐

Non-British: Mixed/Multiple ethnic groups

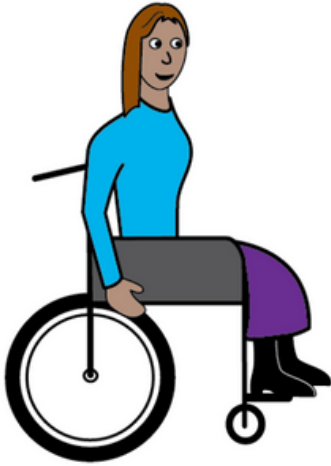
☐

Non-British: other

☐

I don't want to say

Question 17:



Are you disabled?

☐

Yes

☐

No

☐

I don't want to say

Question 18:



What is your disability?

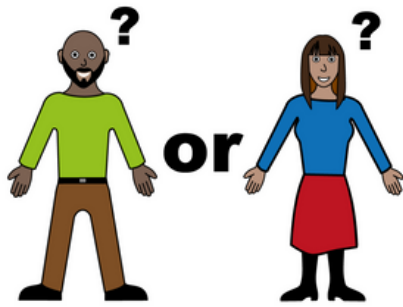
This could be a physical disability or a hidden disability.

Please write in the box below:

☐

I don't want to say

Question 18:



What is your gender?

☐

Female

☐

Male

☐

Non-binary

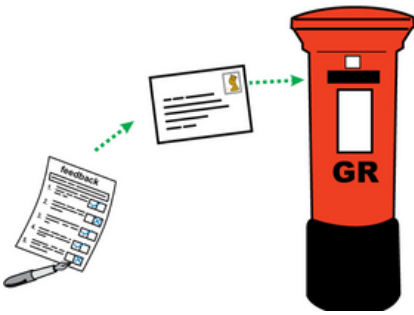
☐

Other

☐

I don't want to say

When you are finished:



Once you have completed this survey, you can print it and send it to us by post.

Please send it to this address:

NHS England

Diabetic Eye Screening

FREEPOST

PO Box 16738, Redditch

B97 9PT