DIABETES AND DIABETIC RETINOPATHY					
Н.	I. Diabetes Assessment (complete for everyone)				
1	Have you ever been told by a doctor or nurse that you have diabetes, sugar in your urine or high blood sugar?	No Yes	O (1) O (2)		
2	Action: Measure blood sugar		mg/dl	3 Refused blood	test O
I.	I. Questions for known diabetics (i.e. said 'YES' to question	on H1)			
4	What age were you when you were told you had diabetes	?			Years
5	Are you currently receiving treatment for diabetes? - If 'Yes', what type of treatment do you receive?		No Yes	No treatment Diet only Tablets Insulin Tablets and insulin Other	O (2) O (3) O (4) O (5)
6	Before today, have you ever had your eyes examined becof your diabetes e.g. drops were put in your eyes before the examination or a photograph was taken of the back of your lf 'Yes', when was the last time you had your eyes examined because of your diabetes?	he	No Yes	Not examined 0-12 months ago 13-24 months ago >24 months ago	O (2) O (3)
J. Diabetic retinopathy assessment Complete if known diabetic ('YES' to H1) or if blood sugar ≥200mg/dl					
7 Examination method: dilatation and fundoscopy O (1) fundus camera O (2) refused dilatation and/or fundus photograph O (3)					
8	R0 (No visible retinopathy) R1 (mild)* R2 (observable background)* R3 (referable)* R4 (proliferative)*	Right Eye O (1) O (2) O (3) O (4) O (5) O (6)		Left Eye O (1) O (2) O (3) O (4) O (5) O (6)	
9	M0 (No maculopathy) M1 (Observable)* M2 (Referable)*	O (1) O (2) O (3) O (4)		O (1) O (2) O (3) O (4)	
10	Scars present – pan retinal laser Scars present – macular laser Scars present – pan retinal and macular laser	O (1) O (2) O (3) O (4) O (5)  any signs	s of retinop	O (1) O (2) O (3) O (4) O (5) eathy or if not visualiz	ed (R1-6/M1-M6)