

COMMUNITY ENGAGEMENT IN EYE HEALTH ASSESSMENT TOOL (CEEHAT) VERSION 1

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Note: You are viewing Version 1 of the CEEHAT. We believe survey tools should be well tested and be as useful and user friendly as possible. If you have feedback you would like to provide us about this tool, so we can make Version 2 even better, please email us at: fhfresearchunit@hollows.org



PURPOSE AND USES OF THE CEEHAT

Welcome to the Community Engagement in Eye Health Assessment Tool (CEEHAT).

Purpose: The CEEHAT is a tool to assess community opportunity, capacity and motivation to engage with eye health and care, and identify areas for eye health service quality improvement.

Target group: The CEEHAT is intended to be administered to adults aged over 16 years.

Potential uses: The CEEHAT may assist health services and other stakeholders to:

- Understand (and identify responses to) local barriers to eye health service access and uptake;
- Evaluate the effectiveness of programs intending to address determinants of eye health service access and uptake.

When used at scale, core indicators may also allow the identification of global trends in the level of community opportunity, capacity and motivation to engage with eye health and care.

Definition of community engagement in eye

health: Community engagement in eye health care refers to behaviours people might engage in to minimise the risk of vision loss and eye disease, and/or optimise eye health and vision.

People might engage in these activities in support of their own eye health, or that of their family or community. These activities include those relating to self-care and interactions with eye health services, and cut across the spectrum of care from primary prevention of eye disease, to identification and treatment of eye disease, to ongoing management of long-term eye condition/s.

Responsibility for effective community engagement in eye health care is shared by community members and health and social care providers. Governments, eye health services, and community providers have a responsibility to facilitate and empower individuals and communities to engage effectively with eye health activities and care, and to deliver high quality and accessible programs and services.





OVERVIEW OF THE CEEHAT

The CEEHAT contains a set of standardised questions divided into ten modules. There is one essential module, three demographic modules, and six optional modules.

The **"core"** tool includes Module 1 and all three demographic modules:

- Module 1: Behaviour, Opportunity, Capability and Motivation (24 questions)
- Demographics Set: Household Details
- Demographics Set: Respondent Details
- Demographics Set: Location Details

■ Module 3: Trachoma

.Modules 2-7 are **"optional"** and only need to be included if these topics are relevant to the project:

- Module 2: Willingness to Pay This module can be used if there is a need to assess patient willingness to pay and travel for spectacles and/or cataract surgery.
- This module can be used in trachoma-endemic areas.

■ Module 4: River Blindness

This module can be used in river blindessendemic areas.

■ Module 5: Diabetes

This module can be used with participant groups known to have diabetes or if respondents answer yes to Q14 in Demographic Set: Respondent Details module ("Has a health worker ever told you that you have diabetes?").

- Module 6: Previous Eye Healthcare User

 This module can be used with participant
 groups known to have experience with eye
 surgery of if respondents answer yes to Q15 in
 Module 1: "Have you ever had eye surgery?"
- Module 7: Conducting Patient Journey Interview

 This module can be used to gain a better

 understanding of the patient's eye health

 journey, including opportunities and barriers to

 accessing local eye health services.





INSTRUCTIONS FOR USING CEEHAT

Determining sample size:

A decision about sample size is an important one, given the implications for survey costs and how the results can be interpreted and used. The approach you take to defining the number of people you need to collect data from, will depend on your goal.

If you are using the CEEHAT as part of a research study, a large population survey, or a program evaluation you should seek some technical advice. There are a number of key considerations and a experienced researcher or evaluator can support you to navigate this important decision.

On the other hand, if you are undertaking a needs assessment as part of the process of developing a program a basic 'rule of thumb' is that your sample should be at least 100, and no more than 1000 or 10% of the total population you are interested in (whichever is smaller). The sample size you choose should be influenced by how much time and money you have, how accurate you need the results to be, and whether you need to divide your sample into different groups (e.g. males and females).

Determining a sampling approach:

It is important that you collect data from a representative sample of your target group. It is often the case that people who are easy to recruit to surveys are also people who are able to easily access information and supports. Your data collection strategy must consider methods for including people in your target group who are harder to reach.

It is also recommended that you supplement the CEEHAT results with information collected through interviewing a small number of survey participants (e.g. 10% of your sample). This will provide further information that will help you to interpret the results.

Supplementing the CEEHAT with additional questions:

Consider, given the focus of your project, whether you need to collect additional information to help you understand the experiences of your target group. For example, there might be additional information you would like to collect about the target group's health service use and health status.

How to score the CEEHAT and present the results:

Only Module 1 of the CEEHAT generates scores. A scoring sheet is provided on page 31.

A note on 'skip questions':

It is important not to ask a respondent any questions that are not relevant to their situation. For example, a person who does not have diabetes should not be asked questions about eye care for people with diabetes.

In cases where a particular response makes subsequent questions irrelevant, an instruction is written in the survey directing you to skip to the next appropriate question. It is important that you carefully follow skip instructions.



 $The Australian \ Bureau \ of \ Statistics \ Sample \ Size \ Calculator: \ https://www.abs.gov.au/websitedbs/d3310114.nsf/home/sample+size+calculator).$

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MODULE 1: BEHAVIOUR, OPPORTUNITY, CAPABILITY AND MOTIVATION (ESSENTIAL MODULE)

Ask the questions in Module 1 directly to respondents. These questions form the core of the survey and must be administered in full in order for scores to be calculated.

Please indicate how strongly you disagree or agree with the following statements						
Please indicate now strongly you disagree or agree	Strongly disagree (1)	Disagree	Agree (3)	Strongly agree (4)	Q#	
I know where to go if I need an eye check-up					M1.Q1 _U	
I trust modern medicine for my eye health					M1.Q2 _T	
I have many more important things to do than get an eye check					M1.Q3 _M	
I expect to go blind when I get old					M1.Q4 _M	
I know how much it will cost me to get an eye check- up					M1.Q5 _U	
Eye surgery works					M1.Q6 _T	
I know where to find trust-worthy information about health problems					M1.Q7 _U	
Difficulty seeing would be a big problem for me					M1.Q8 _M	
You should do everything you can to protect your sight					M1.Q9_M	
If I had an eye problem, I would trust my local eye service to provide high quality care					M1.Q10_T	
I know how often I should get my eyes checked					M1.Q11_U	
Wearing glasses is embarrassing or unattractive					M1.Q12_M	
If I had an eye problem, I would trust my local eye service to treat me respectfully					M1.Q13_T	

MODULE 1: BEHAVIOUR, OPPORTUNITY, CAPABILITY AND MOTIVATION (ESSENTIAL MODULE)

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Please answer each of the following statements					
	No – no difficulty	Yes – some difficulty	Yes – a lot of difficulty	Cannot do at all	Q#
	(4)	(3)	(2)	(1)	
Would you have difficulty paying for an eye check- up, if you needed one					M1.Q14_O
Do you have difficulty seeing, even if wearing glasses?*					M1.Q15_W
Would you have difficulty travelling to get an eye check-up, if you needed one?					M1.Q16_O
Would you have difficulty finding someone to accompany you to an eye check-up, if you needed one?					M1.Q17_O
Do you have difficulty hearing, even if using a hearing aid?*					M1.Q18_W
Do you have difficulty walking or climbing steps?*					M1.Q19_W
Would you have difficulty taking time off from daily chores, employment or caregiving responsibilities to get an eye check-up, if you needed one?					M1.Q20_O
Do you have difficulty remembering or concentrating?*					M1.Q21_W
Do you have difficulty (with self-care such as) washing all over or dressing?*					M1.Q22_W
Would you have difficulty getting permission from your family to attend an eye check-up, if you needed one?					M1.Q23_O
Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?*					M1.Q24_W

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MODULE 2: WILLINGNESS TO PAY (OPTIONAL MODULE)

Read the scripts provided and complete the activities as described in Module 2 if you want to assess patient willingness to pay and travel for spectacles and/or cataract surgery.

Overview:

This module will use a simulation exercise and script to assess patient's willingness to pay and travel for glasses and cataract surgery.

If a respondent <u>has no</u> refractive error, follow the 'refractive error simulation' instructions provided and ask them the 'willingness to pay for glasses questions'.

If a respondent <u>has</u> a refractive error, follow the 'correcting refractive error simulation' instructions provided and ask them the 'willingness to pay for glasses questions'.

Materials Needed:

- 1) Set of glasses [+1, +2.5 or +5 lens power, which will simulate 'mild', 'moderate' or 'severe' uncorrected refractive error (myopia)]
- 2) Set of best correction glasses
- 3) Cataract simulation glasses

Note:

The research team should confirm a "pricing ladder" that will be used in this module before data collection begins. A pricing ladder should have a high price and a low price and several price steps in between.

It is recommended that local pricing for spectacles be explored, along with out of pocket costs for cataract surgery. Local pricing should guide the high and low pricing scales.

Exploration of distances traveled by local residents for primary health should also be undertaken and a "distance ladder" confirmed before using this module. A distance ladder should have a long distance and a short distance and several distance intervals in between.



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INSTRUCTIONS — REFRACTIVE ERROR SIMULATION

Read the following script to a respondent found to have <u>no refractive error:</u>

"After completing your eye examination, we have found that you don't have any vision problem. Some people have a condition called refractive error making it difficult for them to see people or objects (either in the distance or close to them). It can happen to anyone and at any age.

Low vision causes difficulties in doing regular work like sewing or reading. It can also be dangerous, for example when crossing roads or handling sharp or heavy instruments.

Glasses can correct most refractive errors (can be used to restore sight).

Now, before asking you more questions, we will give you some glasses to wear. While wearing them you will see like someone who has difficulty seeing. When you take off the glasses you will be able to see as normal, and wearing the glasses for a few minutes will not cause you any harm.

These glasses are being used to simulate what it is like to have difficulty seeing. Usually though, glasses are used to correct vision problems."

Ask the respondent to wear the +1, +2.5 and +5 lenses on turn to simulate 'mild', 'moderate' and 'severe' uncorrected refractive error respectively. Allow the respondent to observe things up close and far away, and to move around safely.

INSTRUCTIONS — REFRACTIVE ERROR <u>CORRECTION</u> SIMULATION

Read the following script to a respondent found to have refractive error:

"After completing your eye examination, you have been found to have a vision problem caused by refractive error.

Your vision can be improved by wearing glasses

and the (eye) doctor will give you a prescription so you can go and purchase the right glasses for you.

Please note that we are not selling glasses ourselves and you can buy them where you want. Before asking you more questions; I would like to show you first how you will see if you purchase the glasses as recommended"

Ask the respondent to wear the best correction lenses. Allow the respondent to observe things up close and far away, and to move around safely.

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INSTRUCTIONS — CATARACT SIMULATION

Read the following script to the respondent

"After completing your eye examination, we have found that you don't have any vision problem.

Some people do have a problem with their vision called cataract that causes blurry or foggy vision and gets worse and worse until someone cannot see anymore. This can prevent people from reading, working, moving or seeing expression on faces. It typically affects older people (50 years and above), however younger people can suffer from cataract too.

Cataract is usually treated via a common surgery (simple surgical procedure) which takes up to 30

to 45 minutes. People who have cataract that affects their vision in both eyes, need two separate operations, usually carried out 6 to 12 weeks apart.

Now, before asking you more questions, we will give you some glasses to wear. While wearing them you will see like someone who has cataract.

When you take off the glasses you will be able to see as normal, and wearing the glasses for a few minutes will not cause you any harm.

These glasses are being used to simulate what it is like to have cataract. Usually though, glasses are used to correct vision problems."

Ask the respondent to wear the cataract simulation glasses. Allow the respondent to observe things up close and far away, and to move around safely.



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"Thank you. I will now ask you a few questions

WILLINGNESS TO PAY AND TRAVEL FOR GLASSES QUESTIONS

Instructions: For the willingness to pay and travel questions, you need to ask the respondent a series of questions to determine the amount they are willing to pay, and the distance they are willing to travel

To do this, start by asking them if they would purchase glasses if they were offered at a quite high price within the local currency. If they say 'no' reduce the amount and ask them the same question again. If they again say 'no', reduce the amount and ask them the same question again.

Use the 'price ladder' you developed earlier, to guide the prices you ask the respondent about.

Continue to reduce the amount and repeat the question until they say 'yes' they would purchase glasses if they were offered for that amount.

Record the amount they suggested they would pay.

Repeat this process for distance they would travel. Again, starting with a distance quite far (perhaps as far as the capital city) and then reduce the distance until they say 'yes' they would travel that distance to purchase glasses at the price they have indicated.

Please answer yes or no to the following questions			
USING THE PRICE LADDER YOU CREATED (see note above), ADD THE LOCAL PRICES IN THE BLANK SPACES BELOW. ADD ADDITIONAL LINES AS REQUIRED. STOP WHEN THE RESPONDENT SAYS 'YES' TO A PRICE. RECORD THE PRICE THEY SAY 'YES' TO.	No (0)	Yes (1)	Q#
Would you purchase glasses if they were offered at			
Would you purchase glasses if they were offered at			
Would you purchase glasses if they were offered at			
Amount the respondent suggested they would pay			M2.Q1
Please answer yes or no to the following questions			
USING THE DISTANCE LADDER YOU CREATED (see note above), ADD THE LOCAL DISTANCES IN THE BLANK SPACES BELOW. ADD ADDITIONAL LINES AS REQUIRED. STOP WHEN THE RESPONDENT SAYS 'YES' TO A DISTANCE. RECORD THE DISTANCE THEY SAY 'YES' TO.	No (0)	Yes (1)	Q#
Would you travel for km to purchase glasses?			
Would you travel for km to purchase glasses?			
Would you travel for km to purchase glasses?			
Distance the respondent suggested they would travel to purchase glasses at the price they named above.			M2.Q2

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"Thank you. I will now ask you a few questions

WILLINGNESS TO PAY AND TRAVEL FOR CATARACT SURGERY

Instructions: For the willingness to pay and travel questions, you need to ask the respondent a series of questions to determine the amount they are willing to pay, and the distance they are willing to travel.

To do this, start by asking them if they would have cataract surgery if they were offered it at a quite high price within the local currency. If they say 'no' reduce the amount and ask them the same question again. If they again say 'no', reduce the amount and ask them the same question again.

Use the 'price ladder' you developed earlier, to guide the prices you ask the respondent about.

Continue to reduce the amount and repeat the question until they say 'yes' they would have surgery if they were offered for that amount.

Record the amount they suggested they would pay.

Repeat this process for distance they would travel. Again, starting with a distance quite far (perhaps as far as the capital city) and then reduce the distance until they say 'yes' they would travel that distance to have surgery at the price they have indicated.

Please answer yes or no to the following questions			
USING THE PRICE LADDER YOU CREATED (see note above), ADD THE LOCAL PRICES IN THE BLANK SPACES BELOW. ADD ADDITIONAL LINES AS REQUIRED. STOP WHEN THE RESPONDENT SAYS 'YES' TO A PRICE. RECORD THE PRICE THEY SAY 'YES' TO.	No (0)	Yes (1)	Q#
Would you have cataract surgery if it was offered at			
Would you have cataract surgery if it was offered at			
Would you have cataract surgery if it was offered at			
Amount the respondent suggested they would pay			M2.Q3
Please answer yes or no to the following questions			
USING THE DISTANCE LADDER YOU CREATED (see note above), ADD THE LOCAL DISTANCES IN THE BLANK SPACES BELOW. ADD ADDITIONAL LINES AS RE-	No (0)	Yes (1)	Q#
QUIRED. STOP WHEN THE RESPONDENT SAYS 'YES' TO A DISTANCE. RECORD THE DISTANCE THEY SAY 'YES' TO.	, ,	()	G/#
Would you travel for km to have cataract?			
Would you travel for km to have cataract?			
Would you travel for km to have cataract?			
Distance the respondent suggested they would travel to have cataract surgery at the price they named above.			M2.Q4

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MODULE 3: TRACHOMA (OPTIONAL MODULE)

Ask the questions in Module 3 if the respondent lives in a trachoma endemic or at-risk area. Within this module there are two questions to ask the respondent directly, and two recorder observations to note.

Please indicate how strongly you disagree or agree with the following statements					
ASK THIS QUESTION	Strongly disagree	Disagree	Agree	Strongly agree	Q#
	(1)	(2)	(3)	(4)	
I will take medicines if they are given to me at community events					M3.Q1

Please explain how trachoma is spread from one person to another			
ASK THEM TO EXPLAIN, AND THEN NOTE IF RESPONDENT SAYS YES TO ANY OF THE FOLLOWING More than one response can be recorded	No (0)	Yes (1)	Q#
Flies			M3.Q2
Fingers			M3.Q3
Face			M3.Q4
Clothes			M3.Q5

Recorder notes

RECORD YOUR OBSERVATIONS	No	Yes	Q#
	(O)	(1)	Q#
Do you observe that any children in the household have ocular or nasal discharge?			M3.Q6

Notes:

- · Observe the childrens' faces in sunlight
- · Observe children when they are not crying
- The facial area is defined as the area on direct frontal examination from hairline to chin and ear to ear. The hair itself, under the chin, and neck area are excluded
- Ocular discharge is defined as the presence on the lid margin or lid (including in the corners) of clear or cloudy fluid, or dry matter (see photo provided)
- Nasal discharge is observed when looking at the child in frontal view, and is defined as the presence of wet or dry discharge that is outside the nostril. The examiner should not stare up the nostril to find discharge, but see the discharge visible outside

MODULE 3: TRACHOMA (OPTIONAL MODULE)

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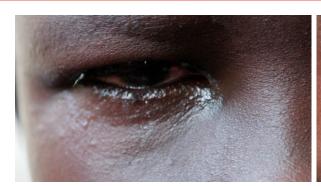
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What is the main source of water for the household?		
(Tick or	e box only)	M3.Q7
Piped water into dwelling		(1)
Piped water to yard/plot		(2)
Public tap/standpipe		(3)
Tubewell/borehole		(4)
Dug well		(5)
Spring		(6)
Bottled water		(7)
Rainwater collection		(8)
Tanker-truck or cart		(9)
Surface water (river, dam, lake, pond, canal, irrigation channel)		(10)

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MODULE 4: RIVER BLINDNESS (OPTIONAL MODULE)

Ask the questions in Module 4 if the respondent lives in a river blindness endemic or at-risk area.

Please explain how river blindness is spread from one person to another			
ASK THEM TO EXPLAIN, AND THEN NOTE IF RESPONDENT SAYS YES TO ANY OF THE FOLLOWING More than one response can be recorded	No (0)	Yes (1)	Q#
Black flies			M4.Q1

Please indicate how strongly you disagree or agree with the following statements						
	Strongly disagree	Disagree	Agree	Strongly agree	Q#	
	(1)	(2)	(3)	(4)		
I will take medicines if they are given to me at community events					M4.Q2	
I often use insect repellent to stop blackfly					M4.Q3	
I often wear protective clothing to stop blackfly					M4.Q4	

Recorder notes

MODULE 5: DIABETES (OPTIONAL MODULE)

Ask the questions in Module 5 if the respondent reports they have diabetes (Question 14 in Demographics Set: Respondent Details).

					·
Please indicate how strongly you disagree or agree w	ith the following	statements			
	Strongly disagree	Disagree	Agree	Strongly agree	Q#
	(1)	(2)	(3)	(4)	
If you have diabetes, you might go blind					M5.Q1
How often should you get your eyes checked in you ha	ave diabetes?				
NOTE WHICH TIME PERIOD FITS THE RESPONDENT'S	ANSWER				M5.Q2
		More than t	wice a year		(1)
		One or two ti	mes a year		(2)
		Every two y	ears or less		(3)
When you experience a problem with your eyes					(4)
Recorder notes					

MODULE 6: PREVIOUS EYE HEALTHCARE USER (OPTIONAL MODULE)

Ask the questions in Module 6 if the respondent reports they have had eye surgery (Q17 in Demographic Set: Respondent Details).

Thinking back to when you had surgery, how easy or diffic	cult was it fo	or you to			
	No – no difficulty	Yes – some difficulty	Yes – a lot of difficulty	Cannot do at all	Q#
	(1)	(2)	(3)	(4)	
Pay for the surgery?					M6.Q1
Travel to the eye service for surgery?					M6.Q2
Find someone to accompany you to the eye service for surgery?					M6.Q3
Take time off from daily chores, employment or caregiving responsibilities to have surgery?					M6.Q4
Get permission from your family to have the surgery, if needed?					M6.Q5
Talk easily with the health workers?					M6.Q6
Find information about the surgery (such as cost, or where to go)?					M6.Q7
Please answer yes or no to the following questions					
			No (0)	Yes (1)	Q#
Would you recommend the surgery you received to a friend or family member if they needed it					M6.Q8

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MODULE 7: CONDUCTING PATIENT JOURNEY INTERVIEW (OPTIONAL QUALITATIVE MODULE)

Use the questions in Module 7 as part of a semi-structured patient journey interview. Conduct these interviews one-on-one in a casual setting. This module will provide a guide to conducting a patient journey interview focused on eye health.

Stages of Eye Health Journey

AWARENESS OF EYE ISSUE SEEKING CONSULTATION

DIAGNOSIS

SEEKING TREATMENT UPTAKE OF TREATMENT

FOLLOW UP

Figure 1: An example patient journey for cataract

GUIDING OPEN-ENDED QUESTIONS FOR EACH STAGE

Awareness of eye issue:

Scenario: The person has become aware of their sight problem/s. They are trying to figure out what is going on and trying to make sense of it. Family and friends may begin to notice the person's vision difficulties.

Questions:

1. When did you realise you were having vision difficulties?

Probing: Probe them to share where they were, what where they doing, what they felt, what they thought was happening, what they did next.

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2. How did you react when you began to have vision difficulties?
Probing: Probe them to share if they talked about the problem or took any actions immediately, or if they waited (and for how long). Did they speak to someone when they first noticed the vision loss? If so, who and why? What did they do next? If they didn't speak to someone, why didn't they?
3. What were some of the daily issues you experienced when you started to have vision difficulties?
Probing: What were the challenges? How did they handle them? Did they stop doing certain activities? Did they seek assistance from family/ friends for those activities (and if so, who assisted them)?
4. How did your daily challenges change over time? How much worse did things get before you sought help?

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Seeking medical consultation:

Scenario: The person with vision loss reaches a tipping point and is ready/willing to consult a health care professional/volunteer. Ask respondent about how they made this decision, what information did they have and gather about sight loss from a variety of sources (and from where, including his or her personal network, local community worker, general practitioner, media, internet, etc.)

Questions:
1. Tell me about how you came to make the decision to seek medical help for your eye issue (sight loss)?
Probing: What led you to the decision to be screened? Did you talk with family or friends before deciding to be screened? If so, what were the main issues/topics that you discussed with them before deciding to get medical attention for your sight loss?
2. Where did you go to get medical consultation?
Probing: How did you identify the location and time to get screened? Other than friends and family, where else did you (or do you) get information for where to go for your eyes?

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3. What options did the health practitioner provide for you at the medical consultation?
Probing: What did you think about these options? What did you do after the medical consultation
about the options given to you?
4. What was your overall experience?
4. What was your overall experience? Probing: What where the major factors that influenced your overall experience?

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Diagnosis:

Scenario: Depending on the health care services available, a patient may have received a referral to a vision care professional. They meet a vision care professional for a consultation, screening and recommendations, leading to next steps in decision making.

Questions:

1. Tell me about your attendance at the referral location. Take me through the journey from leaving your house to when you went to the referral site.
Probing: Who did you go with? Where did you go? How did you get there? Was it easy to arrive there
(if so, why. If not why)? What was your overall experience like? What did you expect and how did the experience compare? Would you tell a (female/ male) friend to screen their eyes at the same place? Why or why not?
2. What did the medical professional tell you (did you receive another referral, an appointment to

return, medicine, etc)?

Probing: What questions did you have about the diagnosis/recommendations? Did you get all your questions answered while at the eye screening facility? Why or why not?

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Seeking Referral-based Treatment and Uptake (and/or Inaction)

Scenario: The person with continued vison issues decides to take further action (or not) based on medical professional recommendations.

Questions:

duestions.
1. Please tell me what you did about your eye issues after the medical consultation?
Probing: Did you sign up for another eye doctor's appointment? Did you go home and talk to family/ friends? If so, who and what major concerns/issues did you discuss regarding your eye diagnosis.
2. Would you mind tell me what decision you made?
Probing: What factors did you consider that led you to this decision?

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Scenario: The client seeks medical treatment of surgery (Cataract/Trachoma/Eye injury)

Questions:
1. Can you tell me about the day of your surgery from preparing for going to surgery site?
Probing: Who went with you? How did you prepare to go for surgery? How were you feeling before, during and after the surgery?
2. Can you take me through your experience with the surgery itself?
Probing: What happened? Who did you talk to? How did you feel?
3. What was your overall experience? How do you feel about the outcome?

Probing: What factors influenced your experience? What recommendations do you have to make it a better experience for someone like you in the future?

PARTICIPANT CODE HOUSEHOLD CODE EVALUATION UNIT CODE

DATE

24 hour and Three-Month Post-Surgery (Cataract)

Scenario: The client returns for post-surgery examination and follow-up treatment.

Questions:

Questions.
1. Can you describe what happened after your surgery and at your check-up?
Probing: Did you get a reminder? What led to your decision to return for the check-up?
2. Can you please take me through planning for attending the 3-month post-surgery follow-up appointment to attending the appointment (if attended, or why not?)

PARTICIPANT CODE HOUSEHOLD CODE EVALUATION UNIT CODE

RECORDER CODE

DATE

--/--/--

DEMOGRAPHICS SET: HOUSEHOLD DETAILS (ESSENTIAL MODULE)

The questions in Demographics Set: Household Details are gathered by asking the head of household (if there are two or more, only one head of household is required).

If everyone in your household developed an eye condition that made it difficult to see, who in y first access to healthcare?	our housel	nold gets
TICK ONE RESPONSE ONLY		DA.Q1
Male head of the household		(1)
Female head of the household		(2)
Girl child		(3)
Boy child		(4)
Other		(5)

Ask This Question: If DA.Q2 = Other Which other person in your household gets first access to healthcare when everyone has an eye condition? DA.Q2

Note:

Write family role not person's name (Such as grandfather, grandmother, oldest son, etc.)

INSERT HERE: Equity Tool (equitytool.org)

Consider including Equity Tool questions available for the country or an alternative measure of wealth endorsed by the national government. If you do include these type of questions, remember to number each added questions using the following format (DA.Q_).

If the preferred national alternative tool assesses each individual in terms of wealth, these questions may be more appropriate to include in Demographic Set (Respondent Details).

HOUSEHOLD CODE

EVALUATION UNIT

RECORDER CODE

DATE

__/__/__

DEMOGRAPHICS SET: RESPONDENT DETAILS (ESSENTIAL MODULE)

The questions in Demographics Set: Respondent details are gathered by asking each respondent the following questions.

				1		
How old were you at your last birthday? (Write age in years)					DB.Q1	
What sex are you?		Male (1)	Female (2)	Other (3)	DB 03	
					DB.Q2	
What is your marital status?	Married or living together	Divorced/ separated	Widowed	Never married or lived together	DB.Q3	
	(1)	(2)	(3)	(4)		
				# Children	1	
How many children do you have?	That are too	young for scho		DB.Q4		
	That attend s	school		DB.Q5		
	That no-long	That no-longer attend school			DB.Q6	
		Yes	No			
Are you a refugee or displaced person?		(1)	(2)	DB.Q7		

How well do you speak	Very well	With some difficulty	Not at all	
(INSERT HERE NAME OF NATIONAL LANGUAGE/S)?	(1)	(2)	(3)	DB.Q8

Note: Record the response for the national language spoken best by the respondent, if there is more than one national language.

What is the highest level of school you	None (1)	Primary (2)	Secondary (3)	Higher (4)	DB.Q9
attended?					<i>D</i> B. Q 3

PARTICIPANT CODE HOUSEHOLD CODE EVALUATION UNIT CODE DATE

--'--'--

Now I would like you to read this sentence to me (SHOW CARD TO RESPONDENT IN LANGUAGE THEY ARE SPEAKING.)¹ If respondent cannot read whole sentence, ask: Can you read any part of the sentence to me? Ask if they prefer to read in another language, hand them that language card.	Cannot read at all (1)	Able to read only part of the sentence (2)	Able to read whole sentence (3)	No card with required language (4)	Blind/ visually impaired (5)	DB.Q10
RECORDER TO NOTE: In which lang read the most? If you checked (1), (4) or (5) then leav						DB.Q11
Who usually makes decisions about care for you?	t eye health	Respondent	Wife/ husband of respondent (2)	Respondent and wife/ husband jointly (3)	Other	DB.Q12
If other is ticked, who makes decisions about eye health care for you?						DB.Q13
Has a health worker ever told you th	Has a health worker ever told you that you have diabetes?				N o (2)	DB.Q14
RECORDER TO NOTE: Is diabetes status confirmed by health worker/health record? Yes (1)				No (2)	Information unavailable (3)	DB.Q15
			·	No (0)	Yes (1)	Q#
Have you had an eye check in the past 2 years?						DB.Q16
Have you ever had eye surgery?						DB.Q17
Have you ever had glasses?						DB.Q18
Do you wear glasses every day?						DB.Q19
Have you ever seen a traditional healer for an eye problem?						DB.Q20

¹Development and testing of language cards must occur before use of this survey in the field. Directions on how to develop these language cards are located at the end of the survey.



DEMOGRAPHICS SET: HOUSEHOLD DETAILS (ESSENTIAL MODULE

PARTICIPANT CODE	HOUSEHOLD CODE	EVALUATION UNIT	RECORDER CODE	DATE
				''

INSERT HERE ADDITIONAL DEMOGRAPHIC QUESTIONS:

Questions may be added here to identify:

- 1) Whether a respondent identifies as being an indigenous or tribal person; and
- 2) The religion and/or ethnicity and/or caste of the respondent.

These questions are intended to identify respondents that might fall into vulnerable or marginalised groups. How these questions are framed should be localised. Number each added questions using the following format (DB.Q_). If the questions developed are not likely to be answered differently by different members of a household, these questions may be more appropriate to capture in Demographic Set: Household Details.

DATE
__/__/__

COUNTRY CODE

EVALUATION UNIT

DEMOGRAPHICS SET C: LOCATION DETAILS (ESSENTIAL MODULE)

The questions in Demographics Set: Location Details are gathered by the survey coordinator. This section should be completed once for each evaluation unit.

			Yes	No	
Is this a trachoma-endemic area?			(1)	(2)	DC.Q1
			Yes		
				No	
Is this a River Blindness-endemic area?			(1)	(2)	DC.Q2
	Urban	Rural	Remote	Very Remote	
Is the survey location in an urban, rural, remote or very remote area?	(1)	(2)	(3)	(4)	DC.Q3

How many cataract surgical centres/services are operating within 100km of the survey location?	DC.Q4



MATERIALS NEEDED FOR IMPLEMENTATION OF SURVEY TOOL

The CEEHAT requires the development of language cards for Question 10 in Demographic Set: Respondent Details (DBQ10) before conducting surveys in the field. The question assesses literacy in local language/s.

Developing Language Cards:

- 1) Using an index-sized card print (or write legibly) four simple sentences in a local language. Remember to print in large font (example, size 20 font).
- 2) Create a separate card for each local language.
- 3) Review translation of each language by asking a native speaker of that language for accuracy of meaning and grammar.

4) Make enough cards for each field recorder.Examples of simple sentences to be translated are:

- a) The woman sits on the chair.
- b) Farming is a lot of work.
- c) The child is reading a book.
- d) The children drink water.

Example of card:

- 1) The woman sits on the chair.
- 2) Farming is a lot of work.
- 3) The child is reading a book.
- 4) The children drink water.

Card 1: English

The CEEHAT recommends the development of a Patient Journey visual for "Optional Module 7: Conducting a Patient Journey Interview." The visual created should represent the journey that your respondents will likely take in order to receive eye health services. This visual should be created and reviewed by a project manager prior to conducting interviews.

Examples of Patient Journey Visual:





CEEHAT SCORING SHEET

Scores can be calculated for Module 1 of CEEHAT: a score each for:

- Understanding of eye healthcare
- Motivation to engage with eye healthcare
- Trust in eye healthcare
- · Opportunity to engage with eye healthcare

These represent the four domains of 'engagement with eye healthcare' and highlight where the engagement strengths and challenges are within your target population. This information can guide what you choose to focus your program/intervention on.

with it (e.g. strongly agreed = 4).	espondent answers to each question in Module 1 will have a number associated ith it (e.g. strongly agreed = 4). Add up the respondents answers to get a score. ach question links to one of the Domains noted below. See the boxes below for the uestion numbers.					
DOMAINS			ITEMS			SCORES
Domain 1: Understanding of eye healthcare	M1.Q1_U	M1.Q5_U	M1.Q7_U	M1.Q11_U		/16
Domain 2: Motivation to engage with eye healthcare*	M1.Q3_M (R)	M1.Q4_M (R)	M1.Q8_M	M1.Q9_M	M1.Q12_M (R)	/20
Domain 3: Trust in eye healthcare	M1.Q2_T	M1.Q6_T	M1.Q10_T	M1.Q13_T		/16
Domain 4: Opportunity to engage with eye healthcare	M1.Q14_O	M1.Q16_O	M1.Q17_O	M1.Q20_O	M1.Q23_O	/20

*Note: Responses for questions marked below with an (R) MUST BE REVERSED before scores are calculated for Domain 2



INTERPRETATION GUIDE FOR CEEHAT SCORES

To help you interpret the results for the CEEHAT we provide below, a guide to what a high and low score means for each of the four domains

Domain 1: Understanding of eye healthcare

The maximum score a person can get for Domain 1 is 16.

Low score: The community member's level of understanding of eye health and care is too low to expect that they will proactively seek primary eye care if needed

High score: Community member knows when, where and how to use eye care

Note: Interpret scores/responses within the context of risk for cataract (i.e. age), DR (i.e. self-reported or confirmed diabetes), trachoma and river blindness (i.e. living in at risk areas), available screening services, and the complexity of healthcare subsidy arrangements.

Included questions:

M1.Q1_U: I know where to go if I need an eye check-up

M1.Q5_U: I know how much it will cost me to get an eye check-up

M1.Q7_U: I know where to find trust-worthy information about health problems

M1.Q11_U: I know how often I should get my eyes checked

Domain 2: Motivation to engage with eye healthcare

The maximum score a person can get for Domain 2 is 20.

Low score: The community members level of motivation to engage is too low to expect they will proactively seek eye healthcare if needed

High score: Community member prioritises and sees the value in eye healthcare

Note: Responses for questions marked below with an **(R)** MUST BE REVERSED before scores are calculated for Domain 2

Included questions:

M1.Q3_M: I have many more important things to do than get an eye check (R)

M1.Q4_M: I expect to go blind when I get old (R)

M1.Q8_M: Difficulty seeing would be a big problem for me

M1.Q9_M: You should do everything you can to protect your sight

M1.Q12_M: Wearing glasses is embarrassing or unattractive (R)





Domain 3: Trust in eye healthcare

The maximum score a person can get for Domain 3 is 16.

Low score: The community member's level of trust in eye care is too low to expect that they will proactively seek primary eye care if needed

High score: The community member trusts eye care

Included questions:

M1.Q2_T: I trust modern medicine for my eye health

M1.Q6_T: Eye surgery works

M1.Q10_T: If I had an eye problem, I would trust my local eye service to provide high quality care

M1.Q13_T: If I had an eye problem, I would trust my local eye service to treat me respectfully

Domain 4: Opportunity to engage with eye healthcare

The maximum score a person can get for Domain 3 is 20.

Low score: The community member is likely unable to (independently or with existing supports) access care

High score: The community member has the skills, financial resources, social status, opportunity, and/or support needed to use eye care

Note: Interpret scores/responses within the context of the respondents disability status, as assessed using the Washington Group Short Set questions.

Included questions:

M1.Q14_O: Would you have difficulty paying for an eye check-up, if you needed one

M1.Q16_O: Would you have difficulty travelling to get an eye check-up, if you needed one?

M1.Q17_O: Would you have difficulty finding someone to accompany you to an eye check-up, if you needed one?

M1.Q20_O: Would you have difficulty taking time off from daily chores, employment or caregiving responsibilities to get an eye check-up, if you needed one?

M1.Q23_O: Would you have difficulty getting permission from your family to attend an eye check-up, if you needed one?

Washington Group Short Set Questions

Note: Please refer to Washington Group on Disability Statistics guidance (http://www.washingtongroup-disability.com). Please refer to the "Analytic guideline for Short Set" for guidance in scoring the Washington group questions. http://www.washingtongroup-disability.com/wp-content/up-loads/2016/12/WG-Document-5-Analytic-Guidelines-for-the-Washington-Group-Short-Set_NOV-28_F. pdf

Included questions:

M1.Q15_W: Do you have difficulty seeing, even if wearing glasses?*

M1.Q18_W: Do you have difficulty hearing, even if using a hearing aid?*

M1.Q19_W: Do you have difficulty walking or climbing steps?*

M1.Q21 W: Do you have difficulty remembering or concentrating?*

M1.Q22_W: Do you have difficulty (with self-care such as) washing all over or dressing?*

M1.Q24_W: Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?*

