

**Exposure to and comfort with toric and presbyopia-correcting intraocular lenses:
A survey of ophthalmology residents**

Statement of consent as indicated on the HRP-584

Screening Question

1. What year of Ophthalmology residency training are you in?
 - a. PGY-1
 - b. PGY-2
 - c. PGY-3
 - d. PGY-4

*If participants are not PGY-4 the survey will end and let them know that they are not eligible to participate.

2. What is your age?
 - a. ≤ 25
 - b. 26-30
 - c. 31-35
 - d. 36-40
 - e. ≥ 41
 - f. Prefer not to answer
3. What is your gender?
 - a. Female
 - b. Male
 - c. Prefer not to answer
 - d. Prefer to self-describe: _____
4. What best describes your ethnicity?
 - a. Hispanic or Latino or Spanish Origin
 - b. Not Hispanic or Latino or Spanish Origin
 - c. Ethnicity unknown
 - d. Prefer not to answer
5. What best describes your race?
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American

- d. Native Hawaiian or Other Pacific Islander
 - e. White or Caucasian
 - f. Prefer not to answer
 - g. Prefer to self-describe: _____
 - h. Race unknown
6. Within what region of the United states is your residency program located?
- a. Northeast (CT, ME, MA, NH, RI, VT, NJ, NY, PA)
 - b. Midwest (IN, IL, MI, OH, IA, KS, MN, MO, NE, ND, SD)
 - c. South (DE, DC, FL, GA, MD, NC, SC, VA, WV, AL, KY, MS, TN, AR, LA, OK, TX)
 - d. West (AZ, CO, ID, NM, MT, UT, NV, WY, AL, CA, HI, OR, WA)
 - e. Prefer not to answer
7. How many full-time faculty does your department have
- a. 0-10
 - b. 10-25
 - c. 25-50
 - d. 50+
 - e. Prefer not to answer
8. Do residents at your program have access to a VA (Veterans Affairs) in which cataract surgery is performed?
- a. Yes
 - b. No
 - c. Unsure
 - d. Prefer not to answer
9. How many cataract surgery operations have you completed as primary surgeon?
- a. Free text box
10. Of these cataract operations, how many of them involved placement of toric intraocular lenses (IOLs)?
- a. Free text box
11. Of these cataract operations, how many of them involved placement of presbyopia-correcting IOLs (multifocal, accommodative or extended depth of focus IOLs)?
- a. Free text box

12. At your home institution, do you have opportunities to participate in industry supported grant programs where residents implant advanced technology intraocular lenses (ATIOLs) at a reduced/no cost?
- a. Yes
 - b. No
 - c. Unsure
 - d. Prefer not to answer
13. At your home institution, do you have full-time faculty that routinely offer ATIOLs to their patients?
- a. Multiple
 - b. One
 - c. None
 - d. Unsure
 - e. Prefer not to answer
14. Does your institution permit residents to interact with industry representatives that sell ATIOLs?
- a. Yes
 - b. No
 - c. Unsure
 - d. Prefer not to answer

Questions regarding toric lenses

15. How comfortable do you feel with proper patient selection for monofocal toric IOLs?
- a. Very comfortable
 - b. Comfortable
 - c. Neutral
 - d. Uncomfortable
 - e. Very uncomfortable
 - f. Prefer not to answer
16. During your training, do you have opportunities to observe the pre-operative counseling of patients regarding the risks and benefits of monofocal toric IOLs?
- a. A lot (at least 1 per week)
 - b. Some (at least once a month)
 - c. Very little (less than one conversation per month)
 - d. None

- e. Unsure
 - f. Prefer not to answer
17. During your training, do you have opportunities to personally practice counseling patients regarding astigmatism, and the risks and benefits of monofocal toric IOLs?
- a. A lot (at least 1 per week)
 - b. Some (at least once a month)
 - c. Very little (less than one conversation per month)
 - d. None
 - e. Unsure
 - f. Prefer not to answer
18. How comfortable do you feel with the postoperative evaluation and management of patients implanted with monofocal toric IOLs that have residual refractive error/blurry vision?
- a. Very comfortable
 - b. Comfortable
 - c. Neutral
 - d. Uncomfortable
 - e. Very uncomfortable
 - f. Prefer not to answer
19. How often have you performed an IOL power calculation for a case that required a toric IOL rotation?
- a. Multiple times
 - b. Once
 - c. Never
 - d. Prefer not to answer

Questions regarding presbyopia-correcting lenses

20. How comfortable do you feel with proper patient selection for presbyopia correcting (diffractive, trifocal, and extended depth of focus) IOLs?
- a. Very comfortable
 - b. Comfortable
 - c. Neutral
 - d. Uncomfortable
 - e. Very uncomfortable
 - f. Prefer not to answer

21. During your training, do you have opportunities to observe the pre-operative counseling of patients regarding the risks and benefits of presbyopia correcting IOLs?

- a. A lot (at least 1 per week)
- b. Some (at least once a month)
- c. Very little (less than one conversation per month)
- d. None
- e. Unsure
- f. Prefer not to answer

22. During your training, do you have opportunities to personally practice counseling patients regarding the risks and benefits of presbyopia correcting IOLs?

- a. A lot (at least 1 per week)
- b. Some (at least once a month)
- c. Very little (less than one conversation per month)
- d. None
- e. Unsure
- f. Prefer not to answer

23. How much experience do you have with lens centration using intraoperative purkinje images?

- a. Done it more than 5 times
- b. Done it less than 5 times
- c. Read about it and understand it, but have never done it
- d. Heard or read about it, but wouldn't know how to do it without instruction.
- e. Don't know anything about this
- f. Prefer not to answer

24. A patient presents one week after cataract surgery with implantation of a diffractive multifocal IOL, complaining of blurry vision. Considering all of the potential causes for this complaint (e.g. dry eye, residual refractive error, lens decentration, wrong IOL, inaccurate biometry, failed neuroadaptation, etc), how comfortable do you feel evaluating and managing a patient like this?

- a. Very comfortable
- b. Comfortable
- c. Neutral
- d. Uncomfortable
- e. Very uncomfortable
- f. Prefer not to answer

25. Have you performed an IOL power calculation for a multifocal to monofocal IOL exchange?

- a. Multiple times
- b. Once
- c. Never
- d. Prefer not to answer

26. How much experience do you have with IOL exchange in the presence of an intact capsular bag?

- a. Performed multiple IOL exchanges as primary surgeon
- b. Performed one IOL exchange as primary surgeon
- c. Seen in practice, but as an assistant / observer
- d. Seen a video, but never seen in practice
- e. Never seen a video
- f. Prefer not to answer