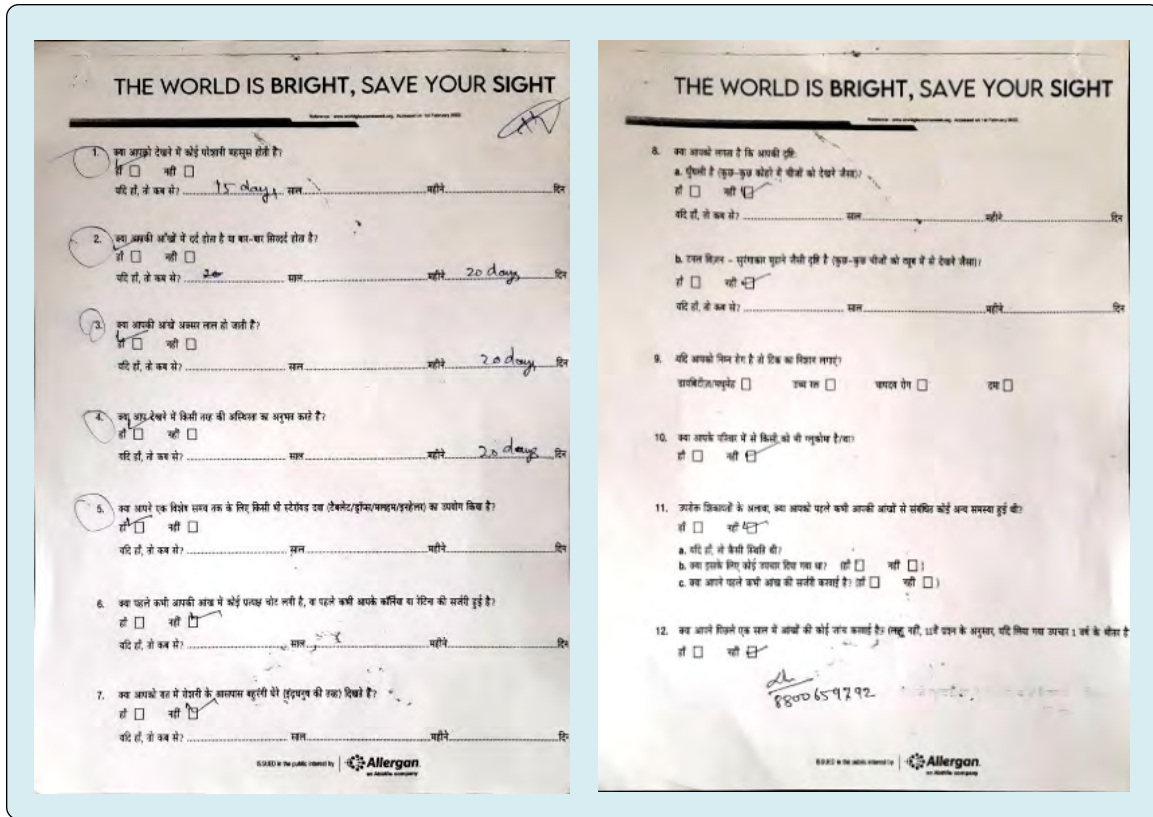




Appendix

Questionnaires in National language- Hindi



English Translation of Questionnaire

1. Do you have difficulty in seeing?
2. Do you have pain in your eyes or headache?
3. Do your eyes often become red?
4. Do you experience instability in vision?
5. Have you used steroids in any form- tablets/eye drops/ inhaler/skin ointment for any length of time?
6. Is there any history of ocular trauma, corneal or retinal surgery?
7. Is there any history of seeing coloured haloes around light especially at dusk?
8. Have you experienced blurred vision or tunnel vision?
9. Is there any history of Diabetes Mellitus/hypertension/ skin disease/ asthma?
10. Is there any history of glaucoma in your family?
11. Excluding the above, have you suffered any other eye ailment?
12. Have you got your eyes examined in the last one year?

