

Supplementary File S1. Survey Questions

INTRODUCTION

1. Do you know the Portuguese National Health Service because you have lived, studied, or worked in Portugal?
 - Yes
 - No

SOCIODEMOGRAPHICS AND PROFESSIONAL DATA

2. What is your gender?
 - Feminine
 - Masculine
 - Not Binary
 - I do not want to answer
3. What is your age?
 - < 20 years
 - 20-30 years
 - 31-40 years
 - 41-50 years
 - 51-60 years
 - 61-70 years
 - 71-80 years
 - > 80 years
4. What is your profession?
 - Doctor
 - Nurse
 - Other. What? [Free text]
5. How many years of professional experience do you have in the profession you indicated earlier?
 - < 5 years
 - 5-10 years
 - 11-20 years
 - 21-30 years
 - > 30 years
6. Do you have a speciality?
 - Yes, a speciality in [free text]
 - No
 - Not applicable (there is any speciality in this profession)
7. Is the place where you exercise your professional activity an institution...?
 - Public (includes public-private partnerships)
 - Private
 - Social
 - Other: [Free text]
8. In which service do you work?
 - [Free text]
9. If you work in an institution that does not have an ophthalmology service, what is the distance to the nearest hospital with an ophthalmology service?
 - [Free text] Km

EYE FUNDUS OBSERVATION

10. Do you consider it important in your clinical practice to be able to perform eye fundus observation as part of the physical examination of your patients?
 - Yes (e.g., diabetic retinopathy, glaucoma, cardiovascular risk, hypertensive retinopathy, retinal venous occlusion, macular degeneration, dementia)
 - No
 - I do not know
11. Before the pandemic, how often did you observe eye fundus in your clinical practice?
 - Never
 - Once or twice a year
 - Once or twice a semester

- Once or twice a month
 - Once or twice a week
 - Several times a week
 - Several times a day
12. How often do you doubt how to interpret the images you see from the retina?
- Does not apply because I do not observe the back of the eye
 - I never have doubts
 - I have doubts in 1 out of 4 observations
 - I have doubts in 2 out of 4 observations
 - I have doubts in 3 out of 4 observations
 - I always have doubts

CLINICAL CONTEXTS FOR THE USE OF EYEFUNDUSSCOPE

13. In your opinion, in what type of clinical appointment or service could the EyeFundusScope be used to increase the reach of screening for diabetic retinopathy?
- Appointments with a Family Doctor, Family Nurse, or equivalent not related to diabetes (e.g., routine consultations, family planning)
 - Appointments with a Family Doctor, Family Nurse, or equivalent for the follow-up of individuals with diabetes
 - Appointments with Doctors of Internal Medicine, Endocrinology or Diabetology for the follow-up of individuals with diabetes
 - No context
 - Other [Free text]
14. In your opinion, which healthcare professionals would best be able to integrate EyeFundusScope into their clinical practice workflows?
- Physicians (excludes Ophthalmologists)
 - Nurses
 - Other [Free text]
15. In your opinion, which healthcare professionals would be most empowered to use EyeFundusScope?
- Physicians (excludes Ophthalmologists)
 - Nurses
 - Other [Free text]
16. If EyeFundusScope was available in your office(s) starting today, how many visits would you use it for to observe the fundus of the eye?
- Never
 - Once or twice a year
 - Once or twice a semester
 - Once or twice a month
 - Once or twice a week
 - Several times a week
 - Several times a day
17. Do you see EyeFundusScope as useful in Family Health Units or National Health Service Hospitals?
- Yes. Justify your answer. [Free text]
 - No. Justify your answer. [Free text]
18. Do you see EyeFundusScope as useful in hospitals or clinics in the private or social sector?
- Yes. Justify your answer. [Free text]
 - No. Justify your answer. [Free text]
19. What period do you consider appropriate in your clinical practice to have feedback from the evaluation of the image record collected?
- [Free text] days
20. In your view, should the ophthalmologist's response include, in the case of pathology, an indication of the medical or ophthalmological procedure that should be performed (e.g., follow-up appointment, repeat collection in 6 months)?
- Yes
 - No
 - I do not know

POTENTIAL IMPACT AND BARRIERS

21. The following statements relate to the potential impact that the use of EyeFundusScope may have on clinical practice. Please rate each statement and indicate your degree of agreement.

- EyeFundusScope can increase the access of individuals with reduced mobility to screening for diabetic retinopathy because, being portable, it can be used on people who use a wheelchair or are bedridden.
- EyeFundusScope can increase the access of individuals living in isolated areas to screening for diabetic retinopathy as it can be easily transported, operated by unskilled personnel, and/or because it is less expensive than desktop retinography.
- EyeFundusScope may increase the access of individuals living in prisons to screening for diabetic retinopathy as it can be easily transported, operated by non-specialized personnel, and/or because it is less expensive than desktop fundus cameras.
- EyeFundusScope can increase the access of individuals lacking conventional diabetic retinopathy screening by allowing their retina to be imaged opportunistically when visiting healthcare professionals for another reason.
- EyeFundusScope can facilitate early diagnosis by allowing referral to an Ophthalmology appointment based on a retinal image.
- EyeFundusScope can reduce unnecessary referrals to an Ophthalmology appointment by possibly sending images of the eye fundus for evaluation by an Ophthalmologist remotely.
- EyeFundusScope can facilitate the assessment of the fundus of the eye in children and older people, as long as they do not need to remain still as long as they do when using an ophthalmoscope.
- EyeFundusScope can facilitate interprofessional communication by allowing clinicians accompanying individuals with diabetes to discuss their observations with fellow ophthalmologists.
- EyeFundusScope may allow the identification of other pathologies that affect the retina (e.g., glaucoma, hypertensive retinopathy, cardiovascular risk, or dementia).

1 – I completely disagree

2 – I disagree

3 – Neutral

4 – I agree

5 – I completely disagree

22. What barriers would you expect in implementing EyeFundusScope in the clinical settings mentioned above?

- [Free text]