

Appendix

Supplementary Table 1. University of Michigan Student-Run Free Clinic Ophthalmology

Needs Assessment Survey

No.	Question	Indication	Answer choices
1	Have you ever been diagnosed with diabetes?	Choose one.	Yes No
2	Have you ever been diagnosed with any of the following eye problems?	Select all that apply.	Astigmatism Amblyopia Blurry vision Cataract Diabetic Retinopathy Glaucoma Macular Degeneration Retinal Detachment Other
3	Are you currently experiencing or have you ever experienced any of the following problems?	Select all that apply.	Blindness Blurry vision Dark or empty areas in your vision Dry eye(s) Eye pain New color blindness Spots floating in your vision Other
4	Do you have access to eye/vision care?	Choose one.	Yes No
5	Do you wear glasses or contacts?	Choose one.	Yes No
6	If so, where do you currently get your prescription/contacts/glasses?	Free response.	
7	When was the last time you saw an eye doctor?	Choose one.	Less than 1 year ago 1-2 years ago 3-5 years ago 5-10 years ago 10+ years ago Never
8	Would you be interested in receiving free eye care at the clinic? (E.g., Glasses, prescription, comprehensive eye exam)	Choose one.	Yes No

