

Speaker 1:

(silence) Patient ID SS0921. So the first stuff is about, um, just how you take care of your diabetes. So what are some things you do every day that pertain to your diabetes management?

Speaker 2:

Um, nothing in particular. Uh, I just take the medication that I'm supposed to.

Speaker 1:

Mm-hmm.

Speaker 2:

Uh, that's about it.

Speaker 1:

Um, do you have any priorities that are your... What's your biggest priority with your diabetes management?

Speaker 2:

Uh, to keep it under control.

Speaker 1:

Mm-hmm.

Speaker 2:

That's number one. Um, I, I'm very, very, uh, how to say this, I don't know if I should say this. I, I'm kind of disciplined.

Speaker 1:

Okay, good.

Speaker 2:

So I keep a very regular diet.

Speaker 1:

Mm-hmm.

Speaker 2:

Uh, I, I've been like that forever.

Speaker 1:

Mm-hmm.

Speaker 2:

Uh, that's part of my lifestyle.

Speaker 1:

Good.

Speaker 2:

Okay. So, so I'm very, uh, I, I'm lucky to have a very, uh, um, lot of free time.

Speaker 1:

Mm-hmm.

Speaker 2:

Frankly, because I teach.

Speaker 1:

Okay.

Speaker 2:

So, you know, I, I, uh, generally, uh, you know, do it really for about two hours every day.

Speaker 1:

Okay.

Speaker 2:

Most of the time. So I, I can keep a very regular schedule-

Speaker 1:

Sure.

Speaker 2:

... in terms of my diet.

Speaker 1:

Makes sense.

Speaker 2:

So that was very important. So I do that. I'm very particular in terms of what I eat.

Speaker 1:

Mm-hmm.

Speaker 2:

It's nothing to do with diabetes. I, I was-

Speaker 1:

Just in general.

Speaker 2:

Just in general, I do that.

Speaker 1: Okay.

Do you have-

Speaker 2:

And, uh, yeah. I, I'm very particular about my weight.

Speaker 1:

Okay.

Speaker 2:

I maintain my weight.

Speaker 1:

Uh-huh.

Speaker 2:

I've been doing that for forever.

Speaker 1:

Okay.

Speaker 2:

Yeah, so-

Speaker 1:

That's good. That's very good. You don't have glaucoma, right? You're not a glaucoma-

Speaker 2:

Uh, I'm kind of pre.

Speaker 1:

Pre-glaucoma. Anything you do with pertaining to that on a day-to-day basis?

Speaker 2:

No, nothing in particular. Um, yeah. Uh, this is based on my family history, so it is-

Speaker 1:

Oh, okay. You just get 'em checked right?

Speaker 2:

Now, my dad, my father had, uh, diabetes, so-

Speaker 1:

Oh, okay.

Speaker 2:

It's hereditary, yeah.

Speaker 1:

Um, do you... Is there anything you watch out further tell you that your diabetes is getting worse? Any symptoms?

Speaker 2:

Not really.

Speaker 1:

Nothing that makes you-

Speaker 2:

No, nothing that, uh... Uh, uh, you know, I, I've been, uh, pre-diabetic for last 15, 20 years.

Speaker 1:

Oh, okay.

Speaker 2:

And I keep it under control, so...

Speaker 1:

Got it. Okay.

Speaker 2:

Yeah.

Speaker 1:

Has diabetes affected your eyes at all?

Speaker 2:

I think it may.

Speaker 1:

Okay.

Speaker 2:

Eventually. Uh, I know that, that is part of the, part of the deal.

Speaker 1:

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Have you noticed any eye changes recently? Have you noticed any particular eye changes?

Speaker 2:

No, not really. Um, I think one of my eyes, the right side, uh, is the one that is gonna create problems, I know that.

Speaker 1:

Why do you feel that it's your right side?

Speaker 2:

Um, my father had the same issues.

Speaker 1:

Okay.

Speaker 2:

So I think it is also that part of hereditary problem, and, um, yeah. It is... This is, uh, this is a better eye.

Speaker 1:

Okay.

Speaker 2:

My left eye. I, I can tell that, you know.

Speaker 1:

When did you start to notice the changes in the two eyes?

Speaker 2:

Um, I don't know. I mean, uh, see, I, uh, I can tell you, uh, I don't know if this is, maybe this is of interest to you.

Speaker 1:

Mm-hmm.

Speaker 2:

Uh, I had a up and down in terms of my eye history.

Speaker 1:

Oh, okay.

Speaker 2:

Just turn it (phone rings) [inaudible 00:03:16]. The reason I say that is that when I was in school, like you...

Speaker 1:

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Mm-hmm.

Speaker 2:

... uh, you know, I was okay and when I started graduate school.

Speaker 1:

Yeah.

Speaker 2:

And then, uh, I was working 15 hours a day on computer.

Speaker 1:

Yeah.

Speaker 2:

So, you know, and I, I was, uh, doing a lot of number crunching kind of stuff.

Speaker 1:

Sure.

Speaker 2:

Okay? That was, that's part of my, that's what I do.

Speaker 1:

Mm-hmm.

Speaker 2:

So because of that, I developed, uh, eye problems.

Speaker 1:

Okay.

Speaker 2:

And I, that's the first time I got glasses.

Speaker 1:

Okay.

Speaker 2:

And then when I finished that kind of, uh, work...

Speaker 1:

Mm-hmm.

Speaker 2:

... my eyesight's improved a lot.

Speaker 1:

Okay.

Speaker 2:

And I did not need glasses anymore.

Speaker 1:

Okay.

Speaker 2:

So, for a long, long time, I never used to glasses.

Speaker 1:

Oh, okay.

Speaker 2:

So this kind of interesting to say that.

Speaker 1:

Yeah, no, I-

Speaker 2:

'Cause I had, uh, I had glasses.

Speaker 1:

Uh-huh.

Speaker 2: I had, uh,

severe numbers-

Speaker 1:

Uh-huh.

Speaker 2:

Or two plus, and then it disappeared.

Speaker 1:

Oh, okay.

Speaker 2:

And this is when I'm saying, when I was in my thirties.

Speaker 1:

Mm-hmm.

Speaker 2:

Okay? So, so it improved, uh, dramatically.

Speaker 1:

Mm-hmm.

Speaker 2:

And I had, I did not have to use glasses anymore.

Speaker 1:

Mm-hmm.

Speaker 2:

Uh, and then, you know, of course, because of age, because I know that that is gonna happen again.

Speaker 1:

Yeah.

Speaker 2:

So, uh, so I'm, I'm telling you this because, uh, I think it is-

Speaker 1:

Uh, more fluctuation.

Speaker 2:

Right. So even though I, I do, uh, you know, I, my job is I, I teach so-

Speaker 1:

Mm-hmm.

Speaker 2:

You know, it has to do with a lot of reading and all that.

Speaker 1:

Mm-hmm.

Speaker 2:

And, and working on the computer.

Speaker 1:

Mm-hmm.

Speaker 2:

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But, uh, it is, uh, I, I've been okay.

Speaker 1:

You've been okay.

Speaker 2:

In terms of eyesight.

Speaker 1:

Okay.

Speaker 2:

But then, uh, diabetes, uh, pre, pre-diabetic, uh, that is going to create problems.

Speaker 1:

Sure.

Speaker 2:

I know that. Yeah.

Speaker 1:

And have you told your doctor about any of your eye care changes?

Speaker 2:

Yeah, this is kind of steady.

Speaker 1:

Steady now. Okay.

Speaker 2:

It's steady. It has been steady for the last five years.

Speaker 1:

Okay.

Speaker 2:

Maybe even more.

Speaker 1:

Mm-hmm.

Speaker 2:

Last 10 years, I would say, you know, it has been, it has been very steady.

Speaker 1:

Okay.

Speaker 2:

So I don't have any issues at all.

Speaker 1:

Mm-hmm.

Speaker 2:

In terms of eyesight.

Speaker 1:

Mm-hmm.

Speaker 2:

I don't have any restrictions of any kind.

Speaker 1:

Okay.

Speaker 2:

Okay?

Speaker 1:

Um, what has your doctor, either your primary or endocrinologist or the doctor here told you about how diabetes, um, has affected or might affect your eyes in the future?

Speaker 2:

Yeah. See, I know this because... Yeah.

Speaker 1:

What have, what have they told you though?

Speaker 2:

Um, yeah, eventually, you know, uh, uh, glaucoma is a problem, potential problem.

Speaker 1:

Mm-hmm.

Speaker 2:

Um, you know, I also know that, uh, again, my parents have, both my father and mother have the, uh, what do you call that thing? Um...

Speaker 1:

Cataracts?

Speaker 2:

Cataracts. They, they have, they used, they had cataracts.

Speaker 1:

Mm-hmm.

Speaker 2:

So I know that I'll eventually might get that.

Speaker 1:

Mm-hmm.

Speaker 2:

Uh-

Speaker 1:

What about-

Speaker 2:

And that's about it.

Speaker 1:

What about related to your diabetes? Like diabetic right now?

Speaker 2:

Nothing in particular, no.

Speaker 1:

Okay.

Speaker 2:

No, I mean, uh, you know, we, I check my, uh, eyes every four months.

Speaker 1:

Oh, okay.

Speaker 2:

I have regular check-ups, so I came for my check-up today

Speaker 1:

Mm-hmm.

Speaker 2:

And they take pictures-

Speaker 1:

Yeah.

Speaker 2:

... of my insides, retina and all that stuff.

Speaker 1:

Yeah.

Speaker 2:

So I know that, uh, you know, I, I've been taking that, uh, though I've been coming here for last, uh, you know, every, every six months.

Speaker 1:

Six months.

Speaker 2:

Yeah. Once, twice a year.

Speaker 1:

Mm-hmm.

Speaker 2:

I do that, so I, I know the history.

Speaker 1:

Got it. Um, where do you typically get your routine eye exams? Is it here at the institute?

Speaker 2:

This, this building.

Speaker 1:

And when you do get it, what steps, procedures do they take? So what's a typical visit like?

Speaker 2:

Uh, typical visit is, uh, you know, we have the, uh, uh, nurse or, uh, what do you call, nursing aide, they do the check-up first. Then typically it might be the resident who might do a, a screening of some kind.

Speaker 1:

Mm-hmm.

Speaker 2:

And then the physician.

Speaker 1:

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Mm-hmm.

Speaker 2:

Uh, I also get, uh, my, you know, sometimes a scan, take some pictures too and that kind of stuff. And then we have the consultation.

Speaker 1:

Uh, do they dilate your eyes ever?

Speaker 2:

Yes.

Speaker 1:

When was your last dilated eye exam?

Speaker 2:

Oh, yeah. I think we did that last time, four months ago.

Speaker 1:

Four months ago?

Speaker 2:

Yeah.

Speaker 1:

And how often do you think you should have your eyes checked? Like that's good for you?

Speaker 2:

Yeah, my recommendation, uh, recommended schedule is six months, every six months. Yeah.

Speaker 1:

Mm-hmm.

Speaker 2:

And I do that.

Speaker 1:

Did you get your eyes dilated today?

Speaker 2:

No.

Speaker 1:

Um, when last you got it dilated four months ago, what was, um, your experience like? Any difficulties at all with the dilation or anything like that?

Speaker 2:

Uh, no. Um, okay. The, nothing really.

Speaker 1:

No difficulty.

Speaker 2:

It is all part of the, part of the procedure, I suppose, because I have to drive after it is done. So that is the only issue. That's, that's all.

Speaker 1:

Yeah. Um, when you come here to schedule, what does the scheduling process look like? Any difficulties?

Speaker 2:

We do it online.

Speaker 1:

You do it online.

Speaker 2:

Or on the phone.

Speaker 1:

Okay. Any difficulties at all being able to get in to see your doctor?

Speaker 2:

No.

Speaker 1:

Um, so your doctor's availability has been good. It hasn't been hard to find them.

Speaker 2:

Yeah. Yeah. Right.

Speaker 1:

Um, what kind of recommendations on eye care do you receive? What does your doctor tell you you should be doing?

Speaker 2:

Um, I, I've not had any changes.

Speaker 1:

Okay.

Speaker 2:

So I continue with whatever medications I have.

Speaker 1:

Mm-hmm.

Speaker 2:

And that's, you know, it's, that is what it is right now.

Speaker 1:

Yeah. Status quo.

Speaker 2:

Yeah.

Speaker 1:

Um, any challenges you face in receiving eye care, you feel?

Speaker 2:

No.

Speaker 1:

Um, any suggestions for improving your eye care experience?

Speaker 2:

Uh, not really. At this stage, no.

Speaker 1:

Any... No like long wait times, it's hard to get here, anything like that?

Speaker 2:

No. Nothing like that.

Speaker 1:

Um, what ways do you take care of your eyes? Like, do you wear sunglasses regularly when you go-
[inaudible 00:08:36]?

Speaker 2:

Yeah. Uh, these are numbered glasses.

Speaker 1:

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Okay.

Speaker 2:

But I, this, uh, this is a photo, photo-chromatic [inaudible 00:08:41] so, you know, I don't have to-

Speaker 1:

Oh, like the transition?

Speaker 2:

Yeah. They become dark in the sun.

Speaker 1:

Oh, okay. Got it. Um, any supplements for your eyes?

Speaker 2:

Um, I take two eye drops.

Speaker 1:

Oh, you take eye drops?

Speaker 2:

Yes.

Speaker 1:

Do you know what they, is it like artificial tears or is it-

Speaker 2:

Uh, I can, you know, they normally talk about the, uh, color of the caps.

Speaker 1:

Oh, is it like in your chart? I can go find it too.

Speaker 2:

Yeah.

Speaker 1:

Okay.

Speaker 2:

Um, uh, I can pull it up and tell you.

Speaker 1:

No, that's okay. I should be able to find it. But you do take eye drops?

Speaker 2:

Yeah, I, I take two eye drops, yes.

Speaker 1:

Okay. Any other supplements? Like multivitamin, vitamin E, vitamin C?

Speaker 2:

No. I take the vitamin D.

Speaker 1:

B.

Speaker 2:

D, D. D as in David.

Speaker 1:

Oh, D as D as in David?

Speaker 2:

Yeah.

Speaker 1:

Okay.

Speaker 2:

I think we all have the vitamin-

Speaker 1:

Deficiency.

Speaker 2:

You know, because of our skin color.

Speaker 1:

Skin color. Yeah.

Speaker 2:

Yeah.

Speaker 1:

Um, any other medications that you take for your eye?

Speaker 2:

No.

Speaker 1:

And do you give your eyes a rest when working on the computer for a long time or watching TV for a long time?

Speaker 2:

I don't know. I'm, I'm, uh, frankly, no. Uh, sometimes, uh, you know, I, I don't know the time.

Speaker 1:

Yeah.

Speaker 2:

How much time I spend. Yeah.

Speaker 1:

We're all guilty. Um, what does your eye doctor or your diabetes doctor told you about the risk of vision loss or blindness due to diabetes? Just the potential risk.

Speaker 2:

Again, we have a regular eye checkup, you know.

Speaker 1:

Or have they told you about the risks at all that could happen with just having it?

Speaker 2:

Yeah. Yeah. Yeah. I mean, uh, yeah, I know this. So...

Speaker 1:

They've told you?

Speaker 2:

Yeah.

Speaker 1:

Okay. Um, can you talk about a time when you were able to express a concern you had about your eyes? Like what's a question that you asked your doctor or concern you had?

Speaker 2:

I don't really have... Uh, you know, uh, the only thing is about glaucoma.

Speaker 1:

Okay. You asked them like...

Speaker 2:

You know, again, it's something that I've been, uh...

Speaker 1:

Right.

Speaker 2:

... dealing with for the last several years now, so nothing has changed.

Speaker 1:

Mm-hmm.

Speaker 2:

So I'm okay with what is happening right now.

Speaker 1:

Do you feel comfortable talking about your diabetes or your eye problems with your eye doctor?

Speaker 2:

No. It's okay. I, I, yeah, we, we, you know, anything I'm, I'm okay with any kind of-

Speaker 1:

You're okay with...

Speaker 2:

I don't have any, uh, issues with talking about stuff. Yeah.

Speaker 1:

So you don't, can't think of a time where you weren't able to express something?

Speaker 2:

Yeah, I can't do that.

Speaker 1:

Um, do you ever tell them what you feel is good for you? Like advocating for yourself? Like telling them that this is something I need, I want for my care, things like that?

Speaker 2:

No, I don't have any issues.

Speaker 1:

Any issues?

Speaker 2:

No problems, no.

Speaker 1:

Um, if you have to tell your eye doctor or diabetes doctor on what to do to provide care that is best for you, what would you tell them? What kinds of things would make your care good?

Speaker 2:

Well, uh, I think, uh, continue with the regular, uh, exam.

Speaker 1:

Regular exams?

Speaker 2:

Exams, that, uh, that that's about it, you know?

Speaker 1:

Mm-hmm. And how serious do you think diabetes can cause vision loss for you?

Speaker 2:

Um, I don't know. I mean, uh, maybe eventually.

Speaker 1:

Eventually, maybe eventually?

Speaker 2:

Yeah.

Speaker 1:

Do you think you're likely to lose your eyesight because of your diabetes? Partially or fully?

Speaker 2:

Probably not.

Speaker 1:

Partially or fully, you feel like you're not, uh, likely to?

Speaker 2:

Partial maybe issues in down the, down the road.

Speaker 1:

Okay.

Speaker 2:

But since I'm not that, I don't have type, type one diabetic, I'm, you know, I'm kind of pre-diabetic, so I don't think that is, that, that is probably an issue. Yeah.

Speaker 1:

How would you describe your current vision? You've kind of mentioned this, but, um, your vision's good right now. Like how would you describe it?

Speaker 2:

Right.

Speaker 1:

No problems at, at all?

Speaker 2:

I have no problems. I don't have any issues.

Speaker 1:

Any changes recently that you've noticed? Even mild changes?

Speaker 2:

Um, no, not really.

Speaker 1:

No. Um, have you ever been diagnosed with the following eye conditions? Cataracts?

Speaker 2:

Cataract, pre.

Speaker 1:

Pre-cataract.

Speaker 2:

Yeah.

Speaker 1:

Glaucoma, you said pre as well, right?

Speaker 2:

Yeah.

Speaker 1:

Um, age-related eyesight decline?

Speaker 2:

Uh, age-related? Yeah, absolutely, because, uh, I would say getting glasses, that is age-related.

Speaker 1:

Uh, dry eye?

Speaker 2:

No.

Speaker 1:

And you had mentioned some family history, but you said both your parents had glaucoma?

Speaker 2:

No, my dad.

Speaker 1:

Oh, your dad had glaucoma. Uh, any other family history of glaucoma?

Speaker 2:

No.

Speaker 1:

Uh, oh.

Speaker 2:

Uh, he did not have a glaucoma. He was primarily, uh, diabetic.

Speaker 1:

Oh, he had diabetes?

Speaker 2:

Yeah.

Speaker 1:

Anybody else-

Speaker 2:

But they had cataracts. Both had cataract.

Speaker 1:

Oh, you said cataracts. Sorry, got that mixed up. Uh, dad had diabetes. Anybody else have diabetes in your family?

Speaker 2:

No.

Speaker 1:

Any age-related eyesight decline history? So anybody have age-related eyesight?

Speaker 2:

They had, again, they had glasses when they were, uh, you know, older in, in terms of age.

Speaker 1:
Your parents?

Speaker 2:
Yeah.

Speaker 1:
Uh...

Speaker 2:
That was age-related. They did not-

Speaker 1:
Right.

Speaker 2:
They never used glasses until the age of 45, 50 maybe.

Speaker 1:
Okay. Macular degeneration.

Speaker 2:
Yeah. I, I don't know the history of that. I would... No, they did not have that.

Speaker 1:
No.

Speaker 2:
No.

Speaker 1:
Okay. And how would you describe your overall experience being diagnosed with your eye issue? Whatever minimal it may be? Um, um, has experience been good, bad?

Speaker 2:
My experience is, uh, okay.

Speaker 1:
Okay.

Speaker 2:
I, uh, I don't have any bad experience of any kind.

Speaker 1:

Okay. Is that the same for any follow-ups you've been getting or the treatment you've been getting?

Speaker 2:

Yeah, treatment is all fine.

Speaker 1:

Okay. Um, what helps you keep using regular healthcare services, such as your eye exams, follow-ups, treatments, to help with your vision? Like, what keeps you coming back here to keep getting those things done?

Speaker 2:

Uh, coming back? That's a good question. You know, one, one good thing is that, uh, when I check out, my next, uh, visit is kind of decided then.

Speaker 1:

Okay.

Speaker 2:

So I think that helps.

Speaker 1:

So regular follow up like that helps.

Speaker 2:

Yeah, regular follow up. Yeah.

Speaker 1:

Um, any other motivations to keep using regular healthcare services?

Speaker 2:

No, not really. You know, one thing is I'm paying a lot of money anyway, so-

Speaker 1:

Fair enough.

Speaker 2:

It is becoming ridiculous. You know, the amount of premiums that we pay.

Speaker 1:

It is very much. Anything that discourages you, maybe from using healthcare services?

Speaker 2:

You may not know this, you're laughing at this. You know what I used to pay when I first started job, work?

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Speaker 1:

Uh, for your insurance or...

Speaker 2:

Yeah. PEIA, that you and I had.

Speaker 1:

Yeah, yeah. Yeah.

Speaker 2:

\$60.

Speaker 1:

Oh.

Speaker 2:

Now it is over \$400.

Speaker 1:

Yeah.

Speaker 2:

Yeah. 10 times as much.

Speaker 1:

Yeah.

Speaker 2:

So why not... I, I'm paying-

Speaker 1:

Why not use it?

Speaker 2:

... paying for it, you know, why not use it? You know?

Speaker 1:

Does the high cost discourage you? Sometimes you're like, maybe, you know, the cost isn't worth it.

Speaker 2:

No, I think it is, it is worth it.

Speaker 1:

You think it's worth it?

Speaker 2:

Yeah.

Speaker 1:

Um, so nothing discourages you from coming?

Speaker 2:

No.

Speaker 1:

Um, can you share a time, a positive experience when you used healthcare services that, you know, formed your attitudes about eye care and diabetes? So if you have a positive outlook that you're able to manage in that, what kind of positive experience, um, do you think formed that attitude for you?

Speaker 2:

Uh, I don't know. Um, I, I have, um, in terms of health care and medical stuff, I have a family background in medicine, so I think that is part of the mix.

Speaker 1:

Okay. So you've got that, that counts. Any negative experiences that may have formed-

Speaker 2:

Even though I'm not, I'm not, uh, I have nothing to do with medicine, but, but I have...

Speaker 1:

Peers and family.

Speaker 2:

Uh, family.

Speaker 1:

Yeah.

Speaker 2:

Even my grandmother was a physician, so...

Speaker 1:

Oh, okay.

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Speaker 2:

It goes back to that, you know. So...

Speaker 1:

Any negative experiences that formed your attitudes?

Speaker 2:

No.

Speaker 1:

No negative experience with healthcare? Um, do you have someone, or sorry, do you have any suggestions for what we can do to help patients have a better experience with diabetes or their eye care? Or diabetes related eye care? [inaudible 00:16:06]?

Speaker 2:

No, I think, uh, what I said earlier, uh, regular appointments, regular screenings and checkups, I think that is what is important.

Speaker 1:

Anything you want to see from, like, anybody here? Like staff, doctors, anybody?

Speaker 2:

Not really.

Speaker 1:

Uh, do you have someone to help you with your daily diabetes care?

Speaker 2:

Uh, not really. Right now, no.

Speaker 1:

No. But like, even parents, childrens, friends, relatives?

Speaker 2:

No.

Speaker 1:

You manage it yourself?

Speaker 2:

Yes.

Speaker 1:

Um, have you ever participated in any diabetes education classes?

Speaker 2:

No.

Speaker 1:

Um, do you have people that you feel like you can share about your worries and fears about your diabetes in your eyesight?

Speaker 2:

Yeah, I, I, I can do that.

Speaker 1:

Who would, who would you say those people that you can share your fears or your worries or...

Speaker 2:

Um, you know, I have family.

Speaker 1:

Family?

Speaker 2:

Yeah.

Speaker 1:

Um, and when you do share those worries with them, do you feel that, um, they understand and support you?

Speaker 2:

Yeah.

Speaker 1:

Um, when you get sick, do you have someone to help you with your daily chores, food, transportation, education?

Speaker 2:

Actually, right now I'm living on my own.

Speaker 1:

Okay.

Speaker 2:

So not, not...

Speaker 1:

Not right now.

Speaker 2:

Yeah, not right now.

Speaker 1:

Have you had someone previously?

Speaker 2:

Yes. Yeah.

Speaker 1:

Okay. Um, is there someone you can call or ask for advice about handling health?

Speaker 2:

Yeah, sure.

Speaker 1:

And your eye problems?

Speaker 2:

Yeah.

Speaker 1:

Who is your, like your first phone call if you have some kind of health problem?

Speaker 2:

Uh, first phone call is my primary care.

Speaker 1:

Okay.

Speaker 2:

Physician.

Speaker 1:

Mm-hmm. Um, do you ever call like fa family or friends or relatives to get advice?

Speaker 2:

Uh, yeah, I can do that.

Speaker 1:

Who do, who would you say you call as far as like family, friends or relatives for any kind of healthcare advice?

Speaker 2:

Um, family, friends, uh, you know, uh, I have family here, uh...

Speaker 1:

Here?

Speaker 2:

Yeah, not here.

Speaker 1:

Oh.

Speaker 2:

Uh, actually they are in New Jersey, so...

Speaker 1:

New Jersey.

Speaker 2:

Yeah. So...

Speaker 1:

You can call them if you need-

Speaker 2:

Yeah, I can call them.

Speaker 1:

Uh, anybody else that you seek out advice from, healthcare advice?

Speaker 2:

Um, healthcare, I have family back home.

Speaker 1:

Okay.

Speaker 2:

Back in India.

Speaker 1:

Okay. Back in India?

Speaker 2:

Yeah. So I can even talk to them.

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Speaker 1:
Talk to them?

Speaker 2:
I'm talking of their physicians.

Speaker 1:
Mm-hmm.

Speaker 2:
So they... Yeah, I can.

Speaker 1:
Got it. And do you feel that your eyesight in any way currently limits your ability to do the things you wanna do?

Speaker 2:
No.

Speaker 1:
No limitations at all?

Speaker 2:
No limitations, yeah.

Speaker 1:
And what were your expectations for your eye care visit today? When you came in, what did you want?

Speaker 2:
Um, it, it was as expected. Nothing...

Speaker 1:
New?

Speaker 2:
Yeah. Nothing new. Nothing.

Speaker 1:
What did-

Speaker 2:
No difference.

Speaker 1:

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You wanted to hear maybe no difference.

Speaker 2:

Right.

Speaker 1:

Just keep doing what you're doing. Um, is there anything else you think we should know or you'd like to share about diabetes related eye care, eye problems, or vision loss?

Speaker 2:

Nothing in particular, no.

Speaker 1:

Nothing? Thank you so much for your time. That is everything I had for you.