Prevalence of Myopia and Dry Eye Disease among the Digital Device Users of North South University Students



NB: Circle the corrected numbers (multiple responses possible for most of the questions). For questions 4.11, mentions the time duration for all selected devices.

Modu	Module 1: Demographic information of the respondent										
ID	1.1 Name	1.2 Sex	1.3 Age	1.4 Home District	1.5 Ma	rital status	1.6 Pregnancy Status	1.7 Educational Status	1.8 Father's Education		
	(Initial Letter)	1. Male 2. Female 3. Third gender	(In years)		1. Married 2. Unmarried 3. Widowed 4. Divorced/Separated		1.Yes 2.No 3.Not Applicable	1. Primary 2. Secondary high school 3. Higher secondary 4. University or higher 5. Madrasa 6. No schooling	 Primary Secondary high school Higher secondary University or higher Madrasa No schooling 		
1.9 Fath	ner's Occupation	1.10 Mother's Education		1.11 Mother's Occupation 1.13 Family Fig.		inancial Condition	1.12 Type of Family				
1.Gover 2.Private 3.Busine 4.NGO 5.Other:	ess	2 Casandamy high cabaal		1.Government Job 2.Private Job 3.Housewife 3.Business 4.NGO 5.Other:	ob 2.Quite solver 3.Solvent			1.The Nuclear Family 2.Joint Family 3.Extended Family 4.Other:			

Module 2: Socio-economic information of the households								
2.1 No. of family members	2.2 No. of children	2.3 No. of older people (> 60 years)	2.4 No. of adult earning person	2.5 Family monthly income (BDT)				

Module 3: Clinical treatment information										
	Question						Options/Answers			
3.1	Do you have any chronic disease/condition?					1. Yes 2. No				
	If 3.1 is YES, what was/were the disease/ diseases? Yes = 1; No = 2 [Note: Multiple responses possible]									
3.1a	1.Diabetes	2. High BP.	3.CKD	4.CHD.	5.HTN.	6.Stroke/other CVD	7. Chronic respiratory disease (Bronchitis/COPD/Asthma			
	8.Others:									

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3.1b	Are you suffering any of the problems? (Multiple response possible)	1. Acute ocular infections 2. Allergic conjunctivitis 3. Others (Specify):							
3.2a	Are you taking any treatment/on the medicat	ion for the chronic disease?		1. Yes 2. No					
3.2b	Systemic medication history is known to cau (Multiple response possible)	se dry eyes and steroid use	1.Antihista 5.others:						
3.3	Has any of your household member have chr	onic disease?		1. Yes 2. No					
3.3a	If 3.3 is YES, Who has chronic disease in yo	ur family?		1.Mother 2.Father 3.Both 4.Don't have					
	What was/were the disease/ diseases? Yes = 1	1; No = 2 [Note: Multiple re	sponses poss	ible]					
3.3b	1.Diabetes 2. High BP. 3.CKD 8.Others:	4.CHD. 5.H	HTN.	6.Stroke/other CVD	7. Chronic respiratory disease (Bronchitis/COPD/Asthma				
3.4	Do you have to continue any ocular treatmen	t within the last six months?	1. Yes 2.	No					

	4.1 Wearing Glasses	4.2 Purpose	4.3 Wearing contact lenses 1.Yes		4.4 Purpose 1.Cosmetic use		4.5 Type of contact	4.6 Pattern of refractive erro		
Domain I:							lenses			
Refractive Error	1.Yes	1.Cosmetic use					1.Soft	1.Myopia		
	2.No	2.Refractive error	2.No		2.Refractive error		2.RGP	2.Hypermetropia		
	(if yes)	(if yes)		3.Therapeution	cal	3.Therapeutic	3.Astigmatism			
Domain II: Family History	4.7 Parental myopia	4.8 Who has myopia	4.9 Previou	ıs ocular hist	5					
		177								
	1.Yes	1.Father	1. Glaucom	ia. 2.Cataract	et 3. Retinal Disease. 4. Keratoconus					
3 3	2.No	2.Mother								
	(if yes)	3.Both	5. Other (specify):							
	4.10 Gadgets at home	4.10 Gadgets at home 4.11 Daily time spend			5 hrs>	4.12 Co	oncerns about the near	work-induced myopia		
	1.Computer/Laptop	1.Laptop use				1.Near	work can induce myopia			
	2.Mobile	2.Tablet use				2.Face close to the book while				
Domain III:	3.Tablet	3.Mobile use					close to the book while w			
Near Work		4.social media								
		5.Playing games								
		6.Device used in the								

darkroom

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Domain IV:	4.13 Outdoor activities weekdays	4.14 Outdoor activities weekend	4.15 Types of outdoor activities							
Outdoor activities	(In hrs)	(In hrs)	1.Excercise/GYM	2. Jogging.	3.Swimming.	4.Cycling.	5.Running.	6.Sports (Football, Cricket)		
			7.Participate religiou	us activities.	8.Others (Specify):				

1 D		Questions about "Eye Discomfort"				ver)	Rarely 1	Sometimes 2		Frequently 3		Constantly 4
.1 D	Ouring a typical day in the	ne last past month, how o	often did your eyes feel	discomfort?								
		Que	stion				have it	1	2	3	4	Very intense
	When your eyes felt discours of going to bed?	omfort, how intense was	this feeling of discomfo	ort at the end of the day, within	n two							
Questions about "Eye Dryness"				Never Rarely 1		Sometimes 2		Frequently 3		Constantly 4		
5.3 During a typical day in the last past month, how often did your eyes feel dry?												
		Que	stion				have it	1	2	3	4	Very intense
	When your eyes felt dry, oing to bed?	how intense was this fee	ling of dryness at the en	nd of the day, within two hour	s of							-
Questions about "Watery Eyes"				Never Rarely 0 1		Rarely 1	Sometimes 2		Frequently 3		Constantly 4	
5.5 During a typical day in the last past month, how often did your eyes look or feel excessively watery?												

Score