**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.**

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| **Module 1: Demographic information of the respondent** | | | | | | | | | |
| **ID** | **1.1 Name** | **1.2 Sex** | **1.3 Age** | **1.4 Home District** | **1.5 Marital 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 | 1. Primary  2. Secondary high school  3. Higher secondary  4. University or higher  5. Madrasa  6. No schooling |
| **1.9 Father’s Occupation** | | **1.10 Mother’s Education** | | **1.11 Mother’s Occupation** | | **1.13 Family Financial Condition** | | **1.12 Type of Family** | |
| 1.Government Job  2.Private Job  3.Business  4.NGO  5.Other: | | 1. Primary  2. Secondary high school  3. Higher secondary  4. University or higher  5. Madrasa  6. No schooling | | 1.Government Job  2.Private Job  3.Housewife  3.Business  4.NGO  5.Other: | | 1.Very much solvent  2.Quite solvent  3.Solvent  4.Poor  5.Not Applicable | | 1.The Nuclear Family  2.Joint Family  3.Extended Family  4.Other: | |

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| **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)** |
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| **Module 3: Clinical treatment information** | | | | | |
| **Question** | | | | | **Options/Answers** |
| **3.1** | Do you have any chronic disease/condition? | | | | 1. Yes 2. No |
| **3.1a** | If **3.1** is **YES**, what was/were the disease/ diseases? Yes = 1; No = 2 *[Note: Multiple responses possible]* | | | | |
| 1.Diabetes 2. High BP. 3.CKD 4.CHD. 5.HTN. 6.Stroke/other CVD 7. Chronic respiratory disease (Bronchitis/COPD/Asthma    8.Others:\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **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 medication for the chronic disease? | | | | 1. Yes 2. No |
| **3.2b** | Systemic medication history is known to cause dry eyes and steroid use *(Multiple response possible)* | | 1.Antihistamine. 2.Anticholinergic. 3.Topical Steroids. 4.Anti-glaucoma  5.others: | | |
| **3.3** | Has any of your household member have chronic disease? | | | | 1. Yes 2. No |
| **3.3a** | If **3.3** is **YES**, Who has chronic disease in your family? | | | | 1.Mother 2.Father 3.Both 4.Don’t have |
| **3.3b** | What was/were the disease/ diseases? Yes = 1; No = 2 *[Note: Multiple responses possible]* | | | | |
| 1.Diabetes 2. High BP. 3.CKD 4.CHD. 5.HTN. 6.Stroke/other CVD 7. Chronic respiratory disease (Bronchitis/COPD/Asthma    8.Others:\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **3.4** | Do you have to continue any ocular treatment within the last six months? | | | 1. Yes 2. No | |

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| **Module 4: Myopia Questionnaire (“circle the number” and multiple responses possible)** | | | | | | | | |
| **Domain I:**  **Refractive Error** | **4.1 Wearing Glasses** | **4.2 Purpose** | **4.3 Wearing contact lenses** | | **4.4 Purpose** | | **4.5 Type of contact lenses** | **4.6 Pattern of refractive error** |
| 1.Yes  2.No  (if yes) | 1.Cosmetic use  2.Refractive error  3.Therapeutical | 1.Yes  2.No  (if yes) | | 1.Cosmetic use  2.Refractive error  3.Therapeutical | | 1.Soft  2.RGP  3.Therapeutic | 1.Myopia  2.Hypermetropia  3.Astigmatism |
| **Domain II:**  **Family History** | **4.7 Parental myopia** | **4.8 Who has myopia** | **4.9 Previous ocular history of family members** | | | | |  |
| 1.Yes  2.No  (if yes) | 1.Father  2.Mother  3.Both | 1. Glaucoma. 2.Cataract 3. Retinal Disease. 4. Keratoconus  5. Other (specify): | | | | |
| **Domain III:**  **Near Work** | **4.10 Gadgets at home** | **4.11 Daily time spend** | **(1-3) hrs** | **(3-5) hrs** | **5 hrs>** | **4.12 Concerns about the near work-induced myopia** | | |
| 1.Computer/Laptop  2.Mobile  3.Tablet | 1.Laptop use  2.Tablet use  3.Mobile use  4.social media  5.Playing games  6.Device used in the darkroom |  |  |  | 1.Near work can induce myopia  2.Face close to the book while reading  3.Face close to the book while writing | | |
| **Domain IV:**  **Outdoor activities** | **4.13 Outdoor activities weekdays** | **4.14 Outdoor activities weekend** | **4.15 Types of outdoor activities** | | | | | |
| *(In hrs)* | *(In hrs)* | 1.Excercise/GYM 2. Jogging. 3.Swimming. 4.Cycling. 5.Running. 6.Sports (Football, Cricket…..)  7.Participate religious activities. 8.Others (Specify): | | | | | |

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| **Module 5: DEQ5 for Dry Eye Disease (DED) Questionnaire (Tick the appropriate answer)** | | | | | | |
| **Questions about “Eye Discomfort”** | | **Never**  **0** | **Rarely**  **1** | **Sometimes**  **2** | **Frequently**  **3** | **Constantly**  **4** |
| **5.1** | During a typical day in the last past month, how often did your eyes feel discomfort? |  |  |  |  |  |

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| **Question** | | | | **Never have it**  **0** | | **1** | | **2** | **3** | | **4** | | **Very intense**  **5** |
| **5.2** | When your eyes felt discomfort, how intense was this feeling of discomfort at the end of the day, within two hours of going to bed? | | |  | |  | |  |  | |  | |  |
| **Questions about “Eye Dryness”** | | | **Never**  **0** | | **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? |  | |  | |  | | |  | |  | |

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| **Question** | | | | **Never have it**  **0** | | **1** | | **2** | **3** | | **4** | | **Very intense**  **5** |
| **5.4** | When your eyes felt dry, how intense was this feeling of dryness at the end of the day, within two hours of going to bed? | | |  | |  | |  |  | |  | |  |
| **Questions about “Watery Eyes”** | | | **Never**  **0** | | **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? |  | |  | |  | | |  | |  | |

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| **Score** | **Q 5.1** | **Q 5.2** | **Q 5.3** | **Q 5.4** | **Q 5.5** | **Total** |
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