Part I General information

School：_____ Class：_____ Student ID：_____

Name：_____ Gender：_____ Age：_____

Part II Ocular surface disease index (OSDI)

1. Have you experienced any of the following during the last week?

	All the time	Most of the time	Half of the time	Some of the time	None of the time
Eyes that are sensitive to light	4	3	2	1	0
Eyes that feel gritty	4	3	2	1	0
Painful or sore eyes	4	3	2	1	0
Blurred vision	4	3	2	1	0
Poor vision	4	3	2	1	0

2. Have problems with your eyes limited you in performing any of the following during the last week?

	All the time	Most of the time	Half of the time	Some of the time	None of the time	
Reading	4	3	2	1	0	N/A
Driving at night	4	3	2	1	0	N/A
Working with a computer	4	3	2	1	0	N/A
Watching TV	4	3	2	1	0	N/A

3. Have your eyes felt uncomfortable in any of the following situations during the last week?

	All the time	Most of the time	Half of the time	Some of the time	None of the time	
Windy conditions	4	3	2	1	0	N/A
Places or areas with low humidity (very dry)	4	3	2	1	0	N/A
Areas that are air conditioned	4	3	2	1	0	N/A

Part III Risk factors and medical history

1.	Wearing a contact lens at least once a week for the last three months	Yes	No
2.	Difficulty in falling asleep	Yes	No
3.	Ocular surgery history within the last 6 months	Yes : _____	No
4.	Ocular inflammation	Yes : _____	No
5.	The average hours spent on VDT devices, such as iPad, iPhone, or computers, per day for the last week	_____hours	

Part IV Perceived stress scale (PSS)

1.	In the last month, how often have you felt that you were unable to control the important things in your life? 0 - never 1 - almost never 2 - sometimes 3 - fairly often 4 - very often
2.	In the last month, how often have you felt confident about your ability to handle your personal problems? 0 - never 1 - almost never 2 - sometimes 3 - fairly often 4 - very often
3.	In the last month, how often have you felt that things were going your way ? 0 - never 1 - almost never 2 - sometimes 3 - fairly often 4 - very often
4.	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them ? 0 - never 1 - almost never 2 - sometimes 3 - fairly often 4 - very often

Supplemental Figure 1. Research questionnaire

The questionnaire consisted of four parts : (1) General information (2) Ocular surface disease index (3) Risk factors and medical history (4) Perceived stress scale