Appendix: Survey on Digital Eye Strain and Visual Ergonomics

General Information:

Age:

Gender:
1. Male
2. Female
3. Prefer not to say

Section I: Eye Health Overview

Questions to understand your eye health status:

1. Have you had your eyes examined before?

    2. Yes
    3. No

2. When was your last eye checkup done?

    1. In last 6 month
    2. between 6 months to 1 year
    3. between 1 years to 2 years
    4. 2 years or more

3. Were you prescribed glasses after your eye examination?

    1. Yes
    2. No

4. If prescribed, are you using glasses during working hours?
    1. Yes
    2. No
    3. Not Applicable

Section II: Computer Vision Symptom Scale

1. The questions that follow ask about how you felt over the past four weeks while at work:

1.1. Did the letters on the screen become blurry?

    1. Never
    2. Very little
    3. Little
    4. Moderate

5. Often
6. Very often

1.2. Did your eyes become tired?

1. Never
2. Almost Never
3. Seldom
4. Occasionally
5. Frequent
6. Almost always
7. Always

1.3. Did your eyes hurt?
1. Constantly
2. Frequently
3. Rarely
4. Never

1.4. Did you have to blink more than usual?
1. Never
2. Rarely
3. Frequently
4. Constantly

1.5. Did your eyes burn?
1. Constantly
2. Frequently
3. Rarely
4. Never

1.6. Did you have to strain to see well?
1. Very often
2. Often
3. A moderate amount
4. Little
5. Very little
6. Never

1.7. Did you feel like you were crossing your eyes (squinting)?
1. Constantly
2. Frequently
3. Rarely
4. Never

1.8. Did the letters appear double?
1. Very often
2. Often
3. A moderate amount
4. Little
5. Very little

6. Never

1.9. Did your eyes sting?

1. Never
2. Rarely
3. Frequently
4. Constantly

2. After working on the computer for a while...:

2.1. Did your eyes become heavy?
1. Constantly
2. Frequently
3. Rarely
4. Never

2.2. Did lights bother you?
1. Never
2. Almost never
3. A few times
4. Several times
5. Often
6. Very often

3. Over the past four weeks while at work, please indicate to what extent you have experienced any of the following:

3.1. Watery Eyes
1. Very often
2. Often
3. A moderate amount
4. Little
5. Very little
6. Never

3.2. Eye redness
1. Very often
2. Often
3. A moderate amount
4. Little
5. Very little
6. Never

4. To finish, please indicate to what extent you agree or disagree each one of the following statements:

4.1. At the end of my working day, my eyes feel heavy
1. strongly disagree
2. Slightly disagree
3. Slightly agree
4. strongly agree

4.2 After working at the computer, I have to strain to see well

1. strongly disagree
2. Slightly disagree
3. Slightly agree
4. strongly agree

4.3. While I'm working on the computer, my eyes become dry
1. strongly disagree
2. Slightly disagree
3. Slightly agree
4. strongly agree

4.4. After some time at the computer, lights bother me
1. Strongly disagree
2. Slightly disagree
3. Slightly agree
4. Strongly agree

Section III: Visual ergonomics, Human factors, Computer activities and   Surrounding environments.

1. What is your primary mode of work for the past four weeks?

1. work fully from Home
2. Hybrid Work (Working partially from home)
3. work fully from Office

2. How many hours per day do you spend on the computer at your office?

1. less than 1 hour
2. 1 hour to 5 hours
3. 6 hours to 9 hours
4. more than 9 hours

3. How many hours per day do you spend on the computer when working from home?

1. less than 1 hour
2. 1 hour to 5 hours
3. 6 hours to 9 hours
4. more than 9 hours

4. What is the longest uninterrupted time you spend working on the computer?

1. Less than 20 minutes
2. 20 mins - 1 hour
3. More than 1 hour

5. How much is your mobile or tablet use each day?

1. Less than 2 hr.
2. 2-5 hr.

3. 5-7 hr.
4. More than 7 hr.

6. Do you take breaks while working on the computer?

1. Yes
2. No

6. a) If yes, how often?

1. Not applicable
2. Every 20 minutes
3. Every 60 minutes
4. Every 2 hours
5. More than every 2 hours

7. Do you use your mobile for work?

1. Yes
2. No

8. If yes, what kind of work is carried out on the mobile

…………………………………………………………………………..

9. How many inches from your eyes is the center of the computer screen? (Use a tape measure)

……………………………………………………………. Inches

10. What is the size of your screen?

1. Less than 14"
2. 15"
3. 17"
4. 19"
5. 21" and above
6. I don't know

11. What type of device do you principally use for work?

1. Laptop
2. Desktop

12. At what resolution do you have your screen set?

1. Less than 640 X 480
2. 800 X 600
3. 1024 X 768 or more
4. I don't know

13. Are you aware of blue/warm screen setting?

1. Yes
2. No

13. a) If yes, how do you use it or set it?

   …………………………………………………….

14. Are you aware of the glare on your screen when you are working?

   1. Yes
   2. No
   3. Sometimes

15. Are you aware of your surrounding illumination while working on your screen?

   1. Yes
   2. No
   3. Sometimes

16. Are you aware of refresh rate of the screen you use?

   1. Yes
   2. No

17. If yes, how do you use it or set it?

   ………………………………………………….

18. What refresh rate do you have your monitor set to?

   1. Less than 60 Hertz
   2. 60 – 80 Hertz
   3. 100 – 120 Hertz
   4. More than 120 Hertz
   5. I don't know

19. The top of the computer screen is...

   1. At eye level
   2. Above eye level
   3. Below eye level

20. Generally, what size font are the letters on your computer screen?

   1. Less than 6 points
   2. 6- 8 points
   3. 9 – 11 points
   4. 12 – 15 points
   5. More than 15 points

21. Do you use

   1. Anti-reflection glasses

2. Anti-glare screen
3. Blue filter glasses
4. None