APPENDIX

Questionnaire

I) DEMOGRAPHICS

1	Serial number	_____					
2	Age (in years)						
3	Gender	☐	Male	☐	Female		
4	Race	☐	Chinese	☐	Malay	☐ Indian	☐ Others
5	Highest education level attained	☐	No formal	☐	Pri(PSLE)	☐ Sec(O/N/ITE)	☐ >Sec

II) BACKGROUND MEDICAL HISTORY

1	Diabetes mellitus	☐	yes	☐	no	☐ uncertain
2	High Blood Pressure	☐	yes	☐	no	☐ uncertain
3	High Cholesterol	☐	yes	☐	no	☐ uncertain
4	Heart diseases	☐	yes	☐	no	☐ uncertain
5	Stroke	☐	yes	☐	no	☐ uncertain
6	Asthma or Chronic obstructive lung disease	☐	yes	☐	no	☐ uncertain
7	Arthritis or Joint problems	☐	yes	☐	no	☐ uncertain
8	Other medical history, please state	_____				

III) EYE MEDICAL HISTORY

1	Known History of:					
i)	Cataract	☐	yes	☐	no	☐ uncertain
ii)	Glaucoma	☐	yes	☐	no	☐ uncertain
iii)	Dry Eye	☐	yes	☐	no	☐ uncertain
iv)	Other Eye problems					
2	Do you wear glasses (reading or far)?	☐	yes	☐	no	☐ uncertain
3	Do you wear contact lens?	☐	yes	☐	no	☐ uncertain
4	Do you feel anxiety about your eyes?	☐	yes	☐	no	☐ uncertain
5	Do you currently have eye symptoms?	☐	yes	☐	no	☐ uncertain
i)	If yes, what symptoms?					
6	Did you have any eye symptoms in the past?	☐	yes	☐	no	☐ uncertain
i)	If yes, what symptoms?					
7	Have you had an eye check previously?	☐	yes	☐	no	☐ uncertain
i)	If yes:	☐	<1 month	☐	<2 year	☐ >2 years
ii)	If yes:	☐	Eye specialist	☐	Other doc	☐ Optician

IV) Pain Score

1	Pain score of today's Tear collection					Pain score (0- no pain to 10- worst pain in whole life)	
2	Done these laboratory tests before? If yes, what was the pain score? (0- no pain to 10- worst pain in whole life)						
i)	Venous blood test	☐	yes	☐	no	☐ uncertain	☐ 1-10
ii)	Fingerprick blood test	☐	yes	☐	no	☐ uncertain	☐ 1-10
iii)	Urine test	☐	yes	☐	no	☐ uncertain	☐ 1-10
iv)	Stool test	☐	yes	☐	no	☐ uncertain	☐ 1-10
v)	X-ray or ultrasound	☐	yes	☐	no	☐ uncertain	☐ 1-10

V) Acceptability of Tear protein collection

1	Is Tear collection acceptable for yourself?	☐	yes	☐	no	☐ uncertain
2	Do you mind your tears being collected to screen for eye problems?	☐	yes	☐	no	☐ uncertain
3	Do you mind your tears being collected if it can detect other health problems?	☐	yes	☐	no	☐ uncertain
4	Would you prefer tear collection to urine collection for health screening?	☐	yes	☐	no	☐ uncertain
5	Would you prefer tear collection to venous blood testing for health screening?	☐	yes	☐	no	☐ uncertain