Supplemental Figure 1. Initial design of the Ocular Pain Assessment Survey prior to validation studies and factor analysis

Ocular Pain Assessment Survey (OPAS) 8/11

[Patient information sticker]

Do you have eye or facial pain? ☐ NO → Have you filled this form before? → ☐ NO → STOP; ☐ YES → Please fill this form ← ☐ YES

Please rate the overall severity of your pain: (0= pain free, 10= worst pain ever. This applies to all questions below)

PAIN SCALE: 0 No Pain; 1-2 Mild Pain; 3-4; 5-6 Moderate Pain; 7-8; 9-10 Severe Pain

GOLD STANDARD

On the diagram below, please shade the area where you have eye pain, and/or pain in the face and head region.

Right Eye — Left Eye

Which eye has worse pain? ☐ Right ☐ Left ☐ No difference

Do you have any longstanding pain elsewhere in your body? ☐ NO If yes, please state where:_____

ALL QUESTIONS REFER TO PAIN IN YOUR WORSE EYE. Please circle the level of your eye pain for the following:

Level of eye pain when it is MOST painful:

in the past 24 hours: No pain 0 1 2 3 4 5 6 7 8 9 10 Severe pain

in the past 2 weeks: No pain 0 1 2 3 4 5 6 7 8 9 10 Severe pain

Level of eye pain when it is LEAST painful:

in the past 24 hours: No pain 0 1 2 3 4 5 6 7 8 9 10 Severe pain

in the past 2 weeks: No pain 0 1 2 3 4 5 6 7 8 9 10 Severe pain

Level of eye pain on AVERAGE:

in the past 24 hours: No pain 0 1 2 3 4 5 6 7 8 9 10 Severe pain

in the past 2 weeks: No pain 0 1 2 3 4 5 6 7 8 9 10 Severe pain

Please circle the level of your worst non-eye pain (pain at temples, back of head, cheek area):

in the past 24 hours: No pain 0 1 2 3 4 5 6 7 8 9 10 Severe pain

in the past 2 weeks: No pain 0 1 2 3 4 5 6 7 8 9 10 Severe pain

Please state the time between episodes of WORST PAIN in the past 24 hours and 2 weeks by writing the numerical value and ticking the time unit. If you have been pain-free please check N/A:

in the past 24 hours

EYE PAIN_____ ☐ minutes ☐ hours ☐ N/A NON-EYE PAIN_____ ☐ minutes ☐ hours ☐ N/A

in the past 2 weeks

EYE PAIN_____ ☐ hours ☐ days ☐ weeks ☐ N/A NON-EYE PAIN_____ ☐ hours ☐ days ☐ weeks ☐ N/A

Please circle one number that describes how much your pain has interfered with/affected the following:

Reading / Computer use: Not at all 0 1 2 3 4 5 6 7 8 9 10 Completely ☐ N/A

Driving/Watching TV: Not at all 0 1 2 3 4 5 6 7 8 9 10 Completely ☐ N/A

General activity (walking, doing house chores): Not at all 0 1 2 3 4 5 6 7 8 9 10 Completely ☐ N/A

Mood: Not at all 0 1 2 3 4 5 6 7 8 9 10 Completely ☐ N/A

Sleep: Not at all 0 1 2 3 4 5 6 7 8 9 10 Completely ☐ N/A

Enjoying life/Relations with other people: Not at all 0 1 2 3 4 5 6 7 8 9 10 Completely ☐ N/A

Please place an 'X' on the line to indicate how much your pain is increased when exposed to:

Wind, dry air, heat, air conditioning: No change 0% — 50% — Severe increase 100%

Volatile chemicals (cleaning agents, fumes, cosmetic fragrances): No change 0% — 50% — Severe increase 100%

Please place an 'X' on the line to indicate the time you spend thinking about your eye pain:

No at all 0% — 50% — All the time 100%

Please place an 'X' on the line to indicate the time you spend thinking about your non-eye pain (face/head):

No at all 0% — 50% — All the time 100%

Please place an 'X' on the line to indicate how much pain relief you have experienced since your last visit:

Eye pain: No relief 0% — 50% — Complete relief 100% ☐ N/A

Non-eye pain (face/head): No relief 0% — 50% — Complete relief 100% ☐ N/A

Please place an 'X' on the line to indicate how often your eye pain is accompanied by the following symptoms:

Redness: Never 0% — 50% — All the time 100%

Burning: Never 0% — 50% — All the time 100%

Sensitivity to light: Never 0% — 50% — All the time 100%

Tearing: Never 0% — 50% — All the time 100%

Supplemental Figure 1. Initial design of the Ocular Pain Assessment Survey prior to validation studies and factor analysis. The initial design of the OPAS incorporated 32 questions, including an internal gold standard pain intensity scale (Wong-Baker FACES Pain Rating Scale). Each boxed region represents the initial proposed 8 dimensions within the OPAS: eye pain intensity, non-eye pain intensity, pain frequency, quality of life, aggravating factors, preoccupation with pain, symptomatic relief, and associated symptoms.