

**Supplementary Table 1** Specific classification of some items in the questionnaire.

What day is your child's birthday?	_____ (yy/mm/dd)
What's your child's gender?	A. Male    B. Female
What is the average monthly income of your family?	A. Less than 4000 RMB B. 4000-8000 RMB C. 8000-10,000 RMB D. 10,000-15,000 RMB E. More than 15,000 RMB
Does the child's mother wear glasses for myopia?	A. Yes    B. No
Does the child's father wear glasses for myopia?	A. Yes    B. No
What is the distance between your child's eyes and a book when reading or writing?	A. <10 cm    B. 10-19 cm C. 20-29 cm    D. ≥30 cm
How many hours per day dose the child spend on outdoor activities during weekdays?	_____hours_____minutes
How many hours per day dose the child spend on outdoor activities during weekends?	_____hours_____minutes