

Supplemental Figures

Supplemental Figure 1: Standard Patient Evaluation of Eye Dryness (SPEED)*

1. Report the type of **SYMPTOMS** you experience and when they occur:

Symptoms	At this visit		Within past 72 hours		Within past 3 months	
	Yes	No	Yes	No	Yes	No
Dryness, Grittiness or Scratchiness						
Soreness or Irritation						
Burning or Watering						
Eye Fatigue						

2. Report the **FREQUENCY** of your symptoms:

	0	1	2	3
Dryness, Grittiness or Scratchiness				
Soreness or Irritation				
Burning or Watering				
Eye Fatigue				

Response Options: 0 = Never; 1 = Sometimes; 2 = Often; 3 = Constant

3. Report the **SEVERITY** of your symptoms:

	0	1	2	3	4
Dryness, Grittiness or Scratchiness					
Soreness or Irritation					
Burning or Watering					
Eye Fatigue					

Response Options: 0 = No Problems; 1 = Tolerable - not perfect, but not uncomfortable; 2 = Uncomfortable - irritating, but does not interfere with my day; 3 = Bothersome - irritating and interferes with my day; 4 = Intolerable - unable to perform my daily tasks

*Adapted from Korb DR, Herman JP, Greiner JV, et al. Lid wiper epitheliopathy and dry eye symptoms. *Eye Contact Lens* 2005;31:2-8.

Supplemental Figure 2: Contact Lens Dry Eye Questionnaire-8 (CLDEQ-8)*

1. Questions about **EYE DISCOMFORT**:

a. During a typical day in the past 2 weeks, **how often** did your eyes feel discomfort while wearing your contact lenses?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Frequently
- 4 Constantly

When your eyes felt discomfort with your contact lenses, **how intense was this feeling of discomfort...**

b. At the end of your wearing time?

Never	Not at All				Very
<u>Have it</u>	<u>Intense</u>				<u>Intense</u>
0	1	2	3	4	5

2. Questions about **EYE DRYNESS**:

a. During a typical day in the past 2 weeks, **how often** did your eyes feel dry?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Frequently
- 4 Constantly

When your eyes felt dry, **how intense was this feeling of dryness...**

b. At the end of your wearing time?

Never	Not at All				Very
<u>Have it</u>	<u>Intense</u>				<u>Intense</u>
0	1	2	3	4	5

3. Questions about **CHANGEABLE, BLURRY VISION:**

a. During a typical day in the past 2 weeks, **how often** did your vision change between clear and blurry or foggy while wearing your contact lenses?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Frequently
- 4 Constantly

When your vision was blurry, **how noticeable was the changeable, blurry, or foggy vision...**

b. At the end of your wearing time?

Never	Not at All				Very
<u>Have it</u>	<u>Intense</u>				<u>Intense</u>
0	1	2	3	4	5

4. Questions about **CLOSING YOUR EYES:**

During a typical day in the past 2 weeks, **how often** did your eyes bother you so much that you wanted to close them?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Frequently
- 4 Constantly

5. Questions about **REMOVING YOUR LENSES:**

How often during the past 2 weeks, did your eyes *bother you so much* while wearing your contact lenses that you felt as if you needed to stop whatever you were doing and **take out your contact lenses**?

- 1 Never
- 2 Less than once a week
- 3 Weekly
- 4 Several times a week
- 5 Daily
- 6 Several times a day

*Adapted from Chalmers RL, Begley CG, Moody K, Hickson-Curran SB. Contact Lens Dry Eye Questionnaire-8 (CLDEQ-8) and opinion of contact lens performance. *Optom Vis Sci* 2012;89:1435-1442.

Supplemental Figure 3: 8-Item Standard Patient Evaluation of Eye Dryness (SPEED-8)*

1. Report the FREQUENCY of your symptoms:

	0	1	2	3
Dryness, Grittiness or Scratchiness				
Soreness or Irritation				
Burning or Watering				
Eye Fatigue				

Response Options: 0 = Never; 1 = Sometimes; 2 = Often; 3 = Constant

2. Report the SEVERITY of your symptoms:

	0	1	2	3	4
Dryness, Grittiness or Scratchiness					
Soreness or Irritation					
Burning or Watering					
Eye Fatigue					

Response Options: 0 = No Problems; 1 = Tolerable - not perfect, but not uncomfortable; 2 = Uncomfortable - irritating, but does not interfere with my day; 3 = Bothersome - irritating and interferes with my day; 4 = Intolerable - unable to perform my daily tasks

*Adapted from Korb DR, Herman JP, Greiner JV, et al. Lid wiper epitheliopathy and dry eye symptoms. *Eye Contact Lens* 2005;31:2-8.

Supplemental Figure 4: 4-Item Contact Lens Dry Eye Questionnaire-8 (CLDEQ-4)*

1. Questions about **EYE DISCOMFORT**:

a. During a typical day in the past 2 weeks, **how often** did your eyes feel discomfort while wearing your contact lenses?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Frequently
- 4 Constantly

When your eyes felt discomfort with your contact lenses, **how intense was this feeling of discomfort....**

b. At the end of your wearing time?

Never	Not at All				Very
<u>Have it</u>	<u>Intense</u>				<u>Intense</u>
0	1	2	3	4	5

2. Questions about **EYE DRYNESS**:

a. During a typical day in the past 2 weeks, **how often** did your eyes feel dry?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Frequently
- 4 Constantly

When your eyes felt dry, **how intense was this feeling of dryness....**

b. At the end of your wearing time?

Never	Not at All				Very
<u>Have it</u>	<u>Intense</u>				<u>Intense</u>
0	1	2	3	4	5

*Adapted from Chalmers RL, Begley CG, Moody K, Hickson-Curran SB. Contact Lens Dry Eye Questionnaire-8 (CLDEQ-8) and opinion of contact lens performance. *Optom Vis Sci* 2012;89:1435-1442.