

## QUESTIONNAIRE – Impact of the COVID-19 lockdown on digital device related ocular health.

(Compulsory fields are marked by an \*)

### Section 1 - Consent

This is a survey conducted by a medical professional on how the COVID-19 pandemic has affected our day to day life, with regards to usage of digital devices.

By giving your consent for this survey, you agree to answer all the sections of the questionnaire in the next page. You have to be atleast 18 years old to take part in this survey. Participation in the study is completely voluntary and confidentiality will be maintained. Your consent is required before you can participate in this study and you have the right to refuse or withdraw from this study at any time. Thank you for your time and co-operation.\*

1. I voluntarily give my consent to participate in this study. ***(Continue to next section.)***
2. I do not want to participate in this study. ***(GO TO Submit form)***

### Section 2 - Exclusion criteria

Select the appropriate statement about yourself.\*

1. I wear contact lenses. ***(GO TO Submit form)***
2. I have undergone LASIK / refractive / other eye surgery. ***(GO TO Submit form)***
3. I am on topical anti-glaucoma medication. ***(GO TO Submit form)***
4. None of the above apply to me. ***(Continue to next section)***

### Section 3 - Questionnaire

1. Sex\*

- Male
- Female

2. I am a\*

- Student. (Medical undergraduates, please choose this option)
- Medical professional - Intern, resident, or higher (Paramedical staff are included here)
- Working professional - Non-medical field.
- Other (Includes homemakers and people temporarily out a job due to the pandemic.)

3. Age range\*

- 18 to 26
- 27 to 34
- 34 to 42
- >42

4. Have you heard of Digital Eye Strain / Computer Vision Syndrome?\*

- Yes
- No

5. How often do you think you need to take a break from the screen while continuously using digital devices?\*

- Every 20 minutes
- Every 30 minutes
- Every 40 minutes

6. By how many hours has your digital device usage increased after the lockdown was initiated? This includes time spent on everything that was previously offline that has now become online due to the pandemic, for example video conferencing for work, online classes, personal video calls, etc.\*

Linear scale with options 1 to 10.

7. Total number of hours of digital device usage (smartphone + laptop + desktop + tablet/iPad) per day BEFORE the lockdown was implemented.\*

- Less than 3 hours.
- 3 to 5 hours.
- 6 to 8 hours.
- 9 to 11 hours.
- 12 to 14 hours.
- 15 to 17 hours.
- > 18 hours.

8. Total number of hours of digital device usage (smartphone + laptop + desktop + tablet/iPad) per day AFTER the lockdown was implemented.\* *(If you are an Android user, you can find usage statistics for the past two weeks under Digital Wellbeing in Settings. If you are an Apple user, you can find Screen Time for the past two weeks listed in Settings).*

- Less than 3 hours.
- 3 to 5 hours.
- 6 to 8 hours.
- 9 to 11 hours.
- 12 to 14 hours.
- 15 to 17 hours.
- > 18 hours.

9. Kindly select all the symptoms you experience during Digital device usage.\*  
(Multiple checkboxes)

- Blurring of vision
- Burning
- Coloured rings around bright objects
- Difficulty in focussing printed text
- Double vision
- Dryness of eyes
- Excessive blinking
- Eye pain

- Feeling of a foreign body / grittiness of eyelids.
- Feeling that sight is worsening
- Headache
- Heavy eyelids
- Increased sensitivity to light
- Itching
- Redness of eyes
- Watering of eyes
- I have not experienced any of the above symptoms.

10. How often do you experience these symptoms?

- Sometimes, or rarely, while using digital devices.
- Always, while using digital devices.

11. What is the severity of these symptoms?

- Relieved spontaneously after some time of digital device usage.
- Relieved only on sleep.

12. Has the frequency and intensity with which you experience these symptoms increased since the lockdown was initiated?\*

- Yes
- No

13. Since the lockdown, has your digital device usage prevented you from going to sleep at an optimal time / caused you to not fall asleep after late night usage?\*

- Yes
- No

14. What is the main purpose of most of your digital device usage?\*

- Education
- Work from home
- Leisure / Entertainment