## Questionnaire for demographic data and risk factors for DED

1.	Academic year	☐ 1 <sup>st</sup> -year	☐ 2 <sup>nd</sup> -year	☐ 3 <sup>th</sup> -year		
		☐ 4 <sup>th</sup> -year	☐ 5 <sup>th</sup> -year	☐ 6 <sup>th</sup> -year		
2.	Age year-old					
3.	Gender			□ Male	☐ Female	
4.	Do you have nearsighte	ed or myopia?		□ Yes	□ No	
5.	Do you wear glasses for correct distance vision?			□ Yes	□ No	
6.	Do you use contact lens	ses?		□ Yes	□ No	
7.	If you use contact lenses, what type of contact lenses do you use?					
			□ Daily	☐ Monthly	☐ Yearly	
8.	Length of time to wear contact lenses hours per day.					
9.	How many times that you use artificial tears eye drop? times per day.					
10.	Have you ever had laser vision correction (such as LASIK or PRK surgery)?					
				□ Yes	□ No	
11.	11. The number of hours that you use your computer / tablet / mobile phonehours per day.					
12. The number of hours that you read a book hours per day.						