

Supplementary 1

English Version

Student Vision Related Behavior Questionnaire

Dear students and parents, hello! In order to have a better understanding of the situation of myopia among students after the epidemic and the related influencing factors, we are conducting this vision survey. We hope to receive your support and cooperation. Please mark "√" on the appropriate options for multiple-choice questions and fill in the corresponding content on the blank lines for fill-in-the-blank questions. Students, please fill out the survey with the guidance of your parents. The information provided will be kept strictly confidential. Thank you!

Student ID: _____ (Please fill in the 5-digit number provided by the health teacher.)

School Name: _____ Student Grade: _____ Student Class: _____

Student Name: _____ Student Gender: _____ Student Birthdate: _____

1. [Single choice] Is your child born at full term?

- ① Full-term (gestational age \geq 37 weeks) ② Preterm (gestational age \geq 28 weeks but $<$ 37 weeks) ③ Other: _____

2. [Single choice] Father's educational level of the child:

- ① Less than high school ② High or secondary vocational school ③ College or junior college ④ Graduate or above

3. [Single choice] Mother's educational level of the child:

- ① Less than high school ② High or secondary vocational school ③ College or junior college ④ Graduate or above

4. [Single choice] Is the father of the child nearsighted?

- ① No ② Unknown ③ Yes, the degree of myopia is: _____ degrees (you don't need to fill it if the specific degree is unknown).

5. [Single choice] Is the mother of the child nearsighted?

- ① No ② Unknown ③ Yes, the degree of myopia is: _____ degrees (you don't need to fill it if the specific degree is unknown).

6. [Single choice] The monthly average income of the household in the past year (including various sources)

- ① $<$ 10,000 yuan ② 10,001-20,000 yuan ③ 20,001-50,000 yuan ④ $>$ 50,000 yuan

7. Please fill in the specific numbers in the corresponding positions based on the child's exercise and video situation in the past month.

Activity types	Weekday (on average, per day)	Weekend (on average, per day)
01. Outdoor activity time (including various outdoor activities, such as sports exercises, playfulness, walking, etc.)	___ hour(s) ___ minute (s)	___ hour(s) ___ minute (s)
02. Near screen time (including various electronic screens, such as mobile phones, computers, tablets, televisions, etc.)	___ hour(s) ___ minute (s)	___ hour(s) ___ minute (s)

8. [Single choice] Please mark "√" under the corresponding number based on the child's eye-related behavior habits in the past month.

Eye habits	Yes / No (If the frequency is ≥ 4 times per week, it is considered to have that habit)	
	① Yes	② No
01. Reading books too close (The distance is less than the length of an A4 paper)	① Yes	② No
02. Watching a screen too close (The distance is less than the length of an A4 paper)	① Yes	② No
03. Writing with a tilted head	① Yes	② No
04. Reading while lying down	① Yes	② No

9. [Single choice] Please fill in the specific numbers in the corresponding positions based on the child's sleep situation in the past month.

01. During the past month, what time has your child usually gone to bed at night?

Bed Time _____ (24-hour format, such as 20:30)

02. During the past month, how long (in minutes) has it usually taken your child to fall asleep each night?

Number of minutes _____

03. During the past month, what time has your child usually gotten up in the morning?

Getting up time _____

04. During the past month, how many hours of actual sleep did your child get at night? (This may be different than the number of hours your child spent in bed.)

Hours of sleep per night _____

Auditor's Signature: _____ Investigation Date: _____