

## APPENDIX - Questionnaire

Name: \_\_\_\_\_ Study ID#: \_\_\_\_\_

1. Are you wearing glasses permanently?
2. Since what age are you wearing glasses?
3. Do your parents or siblings wear glasses?
4. How many hours do you wear glasses?
5. Do you wear glasses all the time; at school and home?

### Study hours (answer in increments of 0.5 hours):

6. How many hours do you study at school? (Reading and writing)
7. How many hours do you study at home? (Reading and writing)
8. Do you take any additional courses/classes during weekends?
9. How many hours do you spend on homework?

### Mobile/Videogames hours (answer in increments of 0.5 hours):

10. Do you play mobile/videogames?
11. Can you name any of your favorite videogames?
12. Do you have a mobile/iPad/computer/laptop at home?
13. How many hours do you play mobile/videogames?
14. How many hours do you watch TV?

### Outdoor play hours (answer in increments of 0.5 hours):

15. Do you play any outdoors games?
16. Which games do you play outside your home (e.g; Badminton, Football, Volleyball, Swimming, Presses, Participate in religious activities, Fishing, Basketball etc)?
17. How many hours do you play these games?
18. Do you play any outdoor games in school too?
19. How many hours do you play outdoor games in school?