APPENDIX A

Survey administered before subjects were introduced to the Icare HOME device. The pre-survey contains self-reported demographic information, practice patterns, and ocular comfort rating.

**PRE-SURVEY**

<table>
<thead>
<tr>
<th>Subject number:</th>
<th>Investigator number:</th>
<th>Device number:</th>
</tr>
</thead>
</table>

1. Age: ______

2. With which gender do you identify?
   - Male
   - Female
   - X
   - Other: _____

3. Ethnicity:
   - Hispanic
   - Non-Hispanic
   - Unknown / Not Reported

4. Race:
   - American Indian or Alaskan Native
   - Asian
   - Native Hawaiian or Pacific Islander
   - Black or African American
   - White
   - More than One Race
   - Unknown / Not Reported

5. What is your handedness?
   - Ambidextrous
   - Left
   - Right

6. What is your distance refractive error in the eye which will be measured? (Answer in spherical equivalent)
   - Unknown
7. Contact lens wearer:
   ☐ Yes
   
   i. Are you wearing contact lenses today?
      ☐ Yes
      ☐ No
   ☐ No

8. Do you treat glaucoma?
   ☐ Yes
   ☐ No

9. Are you an:
   ☐ Optometrist?
     ☐ Number of years in practice? ______
   ☐ Optometry Resident?
   ☐ Optometry student?
     ☐ Year in school? 1 2 3 4 5
   ☐ Ophthalmologist
     ☐ Number of years in practice? ______
   ☐ Other? Please specify:_________________ (skip to question 11.)

10. Do you perform in-office serial / diurnal IOP measurements?
    ☐ Yes
    ☐ No

11. Do you see a need for in-office serial / diurnal IOP measurements?
    ☐ Yes
    ☐ No

12. Do you see a need for patients with glaucoma or suspicion of glaucoma to self-measure IOP?
    ☐ Yes
    ☐ No
    ☐ Not sure

13. Are you comfortable touching your own eyes?
    ☐ Yes
    ☐ No

14. Please rate your ocular comfort at this moment in each eye using the scale below:

   Right eye: ______________________________________________________
   
   Left eye: ______________________________________________________

   Very Uncomfortable  Uncomfortable  Comfortable  Very Comfortable
APPENDIX B

Survey administered after subjects used the Icare HOME device. The post-survey contains questions regarding the subject’s experience with using the device, including ocular comfort rating after the experiment and the device’s ease of use.

**POST-SURVEY**

<table>
<thead>
<tr>
<th>Subject number:</th>
<th>Investigator number:</th>
<th>Device number:</th>
</tr>
</thead>
</table>

15. Please rate your ease of use of the Icare HOME device:

- [ ] Very easy
- [ ] Easy
- [ ] Neutral
- [ ] Difficult
- [ ] Very difficult

16. Please rate ocular comfort in the tested eye while acquiring a measurement:

______________________________________________

<table>
<thead>
<tr>
<th>Very Uncomfortable</th>
<th>Uncomfortable</th>
<th>Comfortable</th>
<th>Very Comfortable</th>
</tr>
</thead>
</table>

17. Please rate ocular comfort in the tested eye after using Icare HOME:

______________________________________________

<table>
<thead>
<tr>
<th>Very Uncomfortable</th>
<th>Uncomfortable</th>
<th>Comfortable</th>
<th>Very Comfortable</th>
</tr>
</thead>
</table>

18. Independent of external factors (cost, practice modality, patient demographic), to what extent do you agree or disagree with the statement: “Using rebound tonometry to self-measure IOP has a role in the management of patients with glaucoma and suspicion of glaucoma”

- [ ] Strongly agree
- [ ] Agree
- [ ] Neutral/Neither agree nor disagree
- [ ] Disagree
- [ ] Strongly disagree

To be completed by the investigator:

<table>
<thead>
<tr>
<th>Time taken for successful measurement:</th>
</tr>
</thead>
</table>

| Eye tested: OD OS |