Appendix. Translated Questionnaire.

(FOR THE OPHTHALMOLOGIST)

AGE OF THE CHILD …………………….. YEARS BOY GIRL

HOURS OF SCHOOL PER DAY 4 H 8 H

OD – SPHERICAL …………………… CYLINDER ………………….. AXIS……………….

OS – SPHERICAL …………………… CYLINDER ………………….. AXIS……………….

FOR A TYPICAL SCHOOLDAY, FROM MONDAY TO FRIDAY.....

(If your child travels by car or bus, leave first question blank)

If your child goes to school walking or by bicycle, how long does he/she travel? ….......H..…..Min.

Does your child take tutorial classes after school? YES NO

How many hours a day does he/she spend outdoors after school?…….……….....H………...Min.

How many hours does he/she spend reading and writing at home?….…...……..H…..……...Min.

How many hours does he/she spend using cellphones or tablets? ...…..………..H….……….Min.

FOR ANY WEEKEND DAY…….

How many hours a day does he/she spend outdoors?…….……….....H………...Min.

How many hours a day does he/she spend reading and writing?….…...……..H…..……...Min.

How many hours a day does he/she spend using cellphones or tablets? ...…..………..H….……….Min.

 THANK YOU VERY MUCH FOR YOUR COLLABORATION.