Health Expenditure on Myopia (HEM) questionnaire

Part I
Q1 [All] How often do you wear eyeglasses to see distant objects?
1. Daily
2. Several times per week
3. On occasion
4. Never

Q2 [If Q1 = 1, 2 or 3] What was your age when you first started wearing eyeglasses to see distant objects?
___ Age in years
7. Don’t know
9. Refused

Q3 [If Q1 = 1, 2 or 3] When did you last purchase a pair of eyeglasses to see distant objects?
1. Less than 6 months ago
2. 6–12 months ago
3. 12–24 months ago
4. More than 24 months ago

Q4 [If Q1 = 1, 2 or 3] Roughly how much did this pair of eyeglasses cost?
___ SGD
7. Don’t know
9. Refused

Q5 [All] How often do you wear contact lenses to see distant objects?
1. Daily
2. Several times per week
3. On occasion
4. Never

Q6 [If Q5 = 1, 2 or 3] What was your age when you first started wearing contact lenses?
___ Age in Years
7. Don’t know
9. Refused

Q7 [If Q5 = 1, 2 or 3] What type of contact lenses do you normally wear?
1. Daily disposable contact lenses
2. Weekly disposable contact lenses
3. Fortnightly disposable contact lenses
4. Monthly disposable contact lenses
5. Non-disposable, permanent contact lenses
Q8  [If Q5 = 1, 2 or 3] How much do you spend on contact lenses and solutions in a typical month?
   ___ SGD
7.  Don’t know
9.  Refused

Part II
Now I would like to ask you some questions about your visits to an optician or optometrist during the past 1 year.
Q1  [All] Did you at any time during the past 1 year receive care from an optometrist or optician for your short-sightedness?
   1. Yes
   2. No
   3. Don’t know
   4. Refused

Q2  [If Q1 = 1] How many times during the past 1 year did you receive care from an optometrist or optician for short-sightedness?
   Number of times: _______

For each of the visits to the optometry or optician you listed, we are going to ask you some additional questions. [Interviewer: please use the tables below to fill in the responses]

[If Q1 = 1, for each of the Q2 listed visits.]
Q3  What was the name of the facility where you received care?

Q4  What type of facility was it—private clinic/Singapore polytechnic/government clinic?

Q5  What type of transportation did you use to travel to the non-inpatient visit—taxi, bus, MRT, personal car, walk, or other (please list)?

[Please check if the bill or receipt is available for each visit]

Q6  What was the total amount that you were responsible for paying as a result of this visit (including out of pocket, private insurance, Medifund, or other sources)?

Responses to questions about visits to the optometrist or optician

<table>
<thead>
<tr>
<th>Visit number</th>
<th>Clinic name (Q3)</th>
<th>Clinic type (Q4)</th>
<th>Mode of transportation (Q5)</th>
<th>Bill or receipt available</th>
<th>$ Value that patient is responsible for (Q6)</th>
</tr>
</thead>
</table>
Part III
Q1 Have you undergone LASIK surgery?
  1. Yes 1
  2. No 2
[ONLY if Q1 = 1, complete Q2 to Q6]

Q2 What was the name of the hospital?

Q3 What type of transportation did you use to travel to the hospital—ambulance, taxi, bus, MRT, personal car, walk, or other (please list)?

Q4 What class—A, B1, B2, or C?
[Please check if bill or receipt is available for each inpatient visit]

Q5 [If bill or receipt present] What was the total charge (including potential government subsidy) for the hospital stay (in SGD)?

Q6 What was the total amount that you were responsible for paying as a result of this hospital admission (including payments made by other parties on your behalf)?

Part IV
Have you visited the eye outpatient clinic for complications related to contact lenses or LASIK surgery?

Q1 [All] Have you at any time received specialist eye care at a hospital outpatient clinic for complications related to contact lenses or LASIK surgery?
  1. Yes
  2. No
  3. Don’t know
  4. Refused

[ONLY if Q1 = 1, complete Q2 to Q5]

Q2 What was the name of the facility where you received care?

Q3 What type of transportation did you use to travel to the clinic—taxi, bus, MRT, personal car, walk, or other (please list)?

Q4 Please list the conditions.

[Please check if bill or receipt is available for each visit]

Q5 What was the total amount that you were responsible for paying as a result of this visit (including payments made by other parties e.g., medisave, medishield, insurance on your
Responses to questions about hospital outpatient payments

<table>
<thead>
<tr>
<th>Visit Number</th>
<th>Clinic name (Q2)</th>
<th>Mode of transportation (Q3)</th>
<th>Conditions listed (Q4)</th>
<th>Bill or receipt available</th>
<th>$ Value that patient is responsible for (Q5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part V

Q1  [All] Have you at any time received specialist eye care at a hospital outpatient clinic for complications related to myopia such as retinal tears, macular holes, or new vessels?
1. Yes
2. No
7. Don’t know
9. Refused

[ONLY if Q1 = 1, complete Q2 to Q5]

Q2  What was the name of the facility where you received care?

Q3  What type of transportation did you use to travel to the clinic—taxi, bus, MRT, personal car, walk, or other (please list)?

Q4  Please list the conditions.

[Please check if bill or receipt is available for each visit]

Q5  What was the total amount that you were responsible for paying as a result of this visit (including payments made by other parties e.g., insurance, medisave, etc. on your behalf)?

[Repeat for each visit]