

**Items included in the PROWL Questionnaire with response options listed in brackets.
Please note that the list of items only shows the item content and not the formatting nor the instructions that accompanied each item.**

Ocular Surface Disease Index (OSDI) Version 1 (dry eye symptoms and environmental triggers scales (8 items)) Copyright, 1995 Allergan Inc., Irvine, CA, USA, All Rights Reserved. (scales abstracted from: Schiffman RM, Christianson MD, Jacobsen G et al. Reliability and validity of the Ocular Surface Disease Index. *Arch Ophthalmol* 2000;118:615-21).

During the last 7 days, how often have you experienced ...
eyes that are sensitive to light?
eyes that feel gritty?
painful or sore eyes?
blurred vision?
poor vision?

[None of the time; Some of the time; Half of the time; Most of the time; All of the time]

During the last 7 days, how often have your eyes felt uncomfortable in ...
windy conditions?
places or areas with low humidity (very dry)?
areas that are air conditioned?

[None of the time; Some of the time; Half of the time; Most of the time; All of the time]

NEI-RQL-42 (scales abstracted from: Hays RD, Mangione CM, Ellwein L, et al. Psychometric properties of the National Eye Institute – Refractive Error Quality of Life Instrument. *Ophthalmology* 2003;110:2292-2301).

Clarity of vision (4 items)

At this time, how clear is your vision using the correction you normally use, including glasses, contact lenses, a magnifier, or nothing at all?

[Perfectly clear; Pretty clear; Somewhat clear; Not clear at all]

Have you experienced distorted vision in the last 7 days? [Yes; No]

How bothersome has it been?

[Very; Somewhat; A little; Not at all]

Have you experienced blurry vision in the last 7 days? [Yes; No]

How bothersome has it been?

[Very; Somewhat; A little; Not at all]

Have you experienced trouble seeing in the last 7 days? [Yes; No]

How bothersome has it been?

[Very; Somewhat; A little; Not at all]

Near vision (4 items)

Because of your vision, how much difficulty do you have with your daily activities?

[No difficulty at all; A little difficulty; Moderate difficulty; A lot of difficulty]

How much difficulty do you have doing work or hobbies that require you to see well up close, such as cooking, fixing things around the house, sewing, using hand tools, or working with a computer?

[No difficulty at all; A little difficulty; Moderate difficulty; A lot of difficulty; Never try to do these activities because of vision; Never do these activities for other reasons]

How much difficulty do you have reading ordinary print in newspapers?

[No difficulty at all; A little difficulty; Moderate difficulty; A lot of difficulty; Never try to do this because of vision; Never do this for other reasons]

How much difficulty do you have reading the small print in a telephone book, on a medicine bottle, or on legal forms?

[No difficulty at all; A little difficulty; Moderate difficulty; A lot of difficulty; Never try to do this because of vision; Never do these activities for other reasons]

Far vision (5 items)

Because of your vision, how much difficulty do you have driving at night?

[No difficulty at all; A little difficulty; Moderate difficulty; A lot of difficulty; Never drive at night because of vision; Never drive at night for other reasons]

Because of your vision, how much difficulty do you have driving in difficult conditions, such as bad weather, during rush hour, on the freeway, or in city traffic?

[No difficulty at all; A little difficulty; Moderate difficulty; A lot of difficulty; Never drive in these conditions because of vision; Never drive in these conditions for other reasons]

How much difficulty do you have seeing things off to the side, like cars coming out of the driveways or side streets or people coming out of doorways?

[No difficulty at all; A little difficulty; Moderate difficulty; A lot of difficulty]

How much difficulty do you have judging distances, like walking down stairs or parking a car?

[No difficulty at all; A little difficulty; Moderate difficulty; A lot of difficulty]

How much difficulty do you have getting used to the dark when you move from a lighted area into a dark place, like walking into a dark movie theater?

[No difficulty at all; A little difficulty; Moderate difficulty; A lot of difficulty]

Diurnal vision (2 items)

How much difficulty do you have seeing because of changes in the clarity of your vision during the course of the day?

[Don't have changes in the clarity of my vision; No difficulty at all; A little difficulty; Moderate difficulty; A lot of difficulty]

How often are you bothered by changes in the clarity of your vision over the course of the day?

[Never; Rarely; Occasionally; Sometimes; All of the time]

Glare (2 items)

How often when you are around bright lights at night do you see starbursts or halos that bother you or make it difficult to see?

[All of the time; Most of the time; Some of the time; A little of the time; None of the time]

Have you experienced glare in the last 7 days? [Yes; No]

How bothersome has it been?

[Very; Somewhat; A little; Not at all]

Activity limitations (4 items)

Because of your vision, how much difficulty do you have taking part in active sports or other outdoor activities that you enjoy (like hiking, swimming, aerobics, team sports, or jogging)?

[No difficulty at all; A little difficulty; Moderate difficulty; A lot of difficulty; Never try to do these activities because of vision; Never do these activities for other reasons]

Because of your vision, do you take part less than you would like in active sports or other outdoor activities (like hiking, swimming, aerobics, team sports, or jogging)?

[Yes; No]

Are there any recreational or sports activities that you don't do because of your vision or the type of vision correction you have?

[Yes, many; Yes, one or a few; No]

Are there daily activities that you would like to do, but don't do, because of your vision or the type of vision correction you have?

[Yes, many; Yes, one or a few; No]

Worry (2 items)

How often do you worry about your eyesight or vision?

How often do you notice or think about your eyesight or vision?

[Never; Rarely; Occasionally; Sometimes; All the time]

NEI-VFQ-25 (scales abstracted from: Mangione CM, Lee PP, Pitts J, et al. Psychometric properties of the National Eye Institute Visual Function Questionnaire, the NEI-VFQ. Arch Ophthalmol 1998;116, 1496-1504).

Driving Scale (4 items)

Have you ever driven a car? [Yes; No]

Do you currently drive? [Yes; No]

If you gave up driving, was that mainly because of your vision, mainly for some other reason, or because of both your vision and other reasons? [Mainly vision; Mainly other reasons; Both vision and other reasons]

Because of your vision, how much difficulty do you have driving during the daytime in familiar places? Would you say you have:

[No difficulty at all; A little difficulty; Moderate difficulty; A lot of difficulty; Never drive during the daytime because of vision; Never drive during the daytime for other reasons]

Work Productivity and Activity Impairment (6 items) (items abstracted from: Reily MC, Zbrozek AS, Duker EM. The validity and reproducibility of a Work Productivity and Activity Impairment Instrument. Pharmacoeconomics 1993;4:353-65).

Are you currently employed (working for pay)? [yes, no]

During the past seven days, how many hours did you miss from work because of any eye problems? Include hours you missed on sick days, times you went in late, left early, etc., because of your EYE PROBLEM. Do not include time you missed to participate in this study.

___ HOURS

During the past seven days, how many hours did you miss from work because of any other reason, such as vacation, holidays, or time off to participate in this study?

___ HOURS

During the past seven days, how many hours did you actually work?

___ HOURS

During the past seven days, how much did eye problems affect your productivity while you were working?

Eye problem(s)

0 = had no effect on my work

Eye problem(s)

10 = completely prevented me from working

During the past seven days, how much did eye problems affect your ability to do your regular daily activities, other than work at a job?

Eye problem(s)

0 = had no effect on my daily activities

Eye problem(s)

10 = completely prevented me from doing my regular activities

New Items

Visual symptoms

Double images (8 items)

In the last 7 days, have you seen any double images?

[Yes, without glasses or contact lenses; Yes, even wearing glasses or contact lenses; No, not at all]

In the last 7 days, how often have you seen double images when you are wearing your best vision correction (glasses or contact lenses)?

[Never; Rarely; Sometimes; Often; Always; I do not use any vision correction]

In the last 7 days, how often have you seen double images when you are NOT wearing any vision correction?

[Never; Rarely; Sometimes; Often; Always; I always use vision correction]

In the last 7 days, how bothersome have the double images been when you are wearing your best vision correction (glasses or contact lenses)?

[Extremely bothersome; Very bothersome; Somewhat bothersome; A little bothersome; Not at all bothersome; I do not use any vision correction]

In the last 7 days, how bothersome have the double images been when you are NOT wearing any vision correction?

Extremely bothersome; Very bothersome; Somewhat bothersome; A little bothersome; Not at all bothersome; I always use vision correction]

In the last 7 days, how much difficulty have you had doing your usual activities because you see double images when you are wearing your best vision correction (glasses or contact lenses)?

[No difficulty at all; Very little difficulty; Moderate difficulty; A lot of difficulty; So much difficulty that I can no longer do some of my usual activities; I do not use any vision correction]

In the last 7 days, how much difficulty have you had doing your usual activities because you see double images when you are NOT wearing any vision correction?

[No difficulty at all; Very little difficulty; Moderate difficulty; A lot of difficulty; So much difficulty that I can no longer do some of my usual activities; I always use vision correction]

When you use your best vision correction (glasses or contact lenses) do the double images you see:

[Go away completely; Go away mostly; Go away a little; Not change; Get a little worse; Get a lot worse; I do not use any vision correction (glasses or contact lenses)]

Glare (8 items)

In the last 7 days, have you noticed any glare?

[Yes, without glasses or contact lenses; Yes, even wearing glasses or contact lenses; No, not at all]

In the last 7 days, how often have you noticed glare when you are wearing your best vision correction (glasses or contact lenses)?

[Never; Rarely; Sometimes; Often; Always; I do not use any vision correction]

In the last 7 days, how often have you noticed glare when you are NOT wearing any vision correction?

[Never; Rarely; Sometimes; Often; Always; I always use vision correction]

In the last 7 days, how bothersome has the glare been when you are wearing your best vision correction (glasses or contact lenses)?

[Extremely bothersome; Very bothersome; Somewhat bothersome; A little bothersome; Not at all bothersome; I do not use any vision correction]

In the last 7 days, how bothersome has the glare been when you are NOT wearing any vision correction?

[Extremely bothersome; Very bothersome; Somewhat bothersome; A little bothersome; Not at all bothersome; I always use vision correction]

In the last 7 days, how much difficulty have you had doing your usual activities because you noticed glare when you are wearing your best vision correction (glasses or contact lenses)?

[No difficulty at all; Very little difficulty; Moderate difficulty; A lot of difficulty; So much difficulty that I can no longer do some of my usual activities; I do not use any vision correction]

In the last 7 days, how much difficulty have you had doing your usual activities because you notice glare when you are NOT wearing any vision correction?

[No difficulty at all; Very little difficulty; Moderate difficulty; A lot of difficulty; So much difficulty that I can no longer do some of my usual activities; I always use vision correction]

When you use your best vision correction (glasses or contact lenses) does the glare you notice:

[Go away completely; Go away mostly; Go away a little; Not change; Get a little worse; Get a lot worse; I do not use any vision correction (glasses or contact lenses)]

Halos (8 items)

In the last 7 days, have you seen any halos?

[Yes, without glasses or contact lenses; Yes, even wearing glasses or contact lenses; No, not at all]

In the last 7 days, how often have you seen halos when you are wearing your best vision correction (glasses or contact lenses)?

[Never; Rarely; Sometimes; Often; Always; I do not use any vision correction]

In the last 7 days, how often have you seen halos when you are NOT wearing any vision correction?

[Never; Rarely; Sometimes; Often; Always; I always use vision correction]

In the last 7 days, how bothersome have the halos been when you are wearing your best vision correction (glasses or contact lenses)?

[Extremely bothersome; Very bothersome; Somewhat bothersome; A little bothersome; Not at all bothersome; I do not use any vision correction]

In the last 7 days, how bothersome have the halos been when you are NOT wearing any vision correction?

[Extremely bothersome; Very bothersome; Somewhat bothersome; A little bothersome; Not at all bothersome; I always use vision correction]

In the last 7 days, how much difficulty have you had doing your usual activities because you see halos when you are wearing your best vision correction (glasses or contact lenses)?

[No difficulty at all; Very little difficulty; Moderate difficulty; A lot of difficulty; So much difficulty that I can no longer do some of my usual activities; I do not use any vision correction]

In the last 7 days, how much difficulty have you had doing your usual activities because you see halos when you are NOT wearing any vision correction?

[No difficulty at all; Very little difficulty; Moderate difficulty; A lot of difficulty; So much difficulty that I can no longer do some of my usual activities; I always use vision correction]

When you use your best vision correction (glasses or contact lenses) do the double images you see:

[Go away completely; Go away mostly; Go away a little; Not change; Get a little worse; Get a lot worse; I do not use any vision correction (glasses or contact lenses)]

Starburst (8 items)

In the last 7 days, have you seen any starbursts?

[Yes, without glasses or contact lenses; Yes, even wearing glasses or contact lenses; No, not at all]

In the last 7 days, how often have you seen starbursts when you are wearing your best vision correction (glasses or contact lenses)?

[Never; Rarely; Sometimes; Often; Always; I do not use any vision correction]

In the last 7 days, how often have you seen starbursts images when you are NOT wearing any vision correction?

[Never; Rarely; Sometimes; Often; Always; I always use vision correction]

In the last 7 days, how bothersome have the starbursts been when you are wearing your best vision correction (glasses or contact lenses)?

[Extremely bothersome; Very bothersome; Somewhat bothersome; A little bothersome; Not at all bothersome; I do not use any vision correction]

In the last 7 days, how bothersome have the starbursts been when you are NOT wearing any vision correction?

[Extremely bothersome; Very bothersome; Somewhat bothersome; A little bothersome; Not at all bothersome; I always use vision correction]

In the last 7 days, how much difficulty have you had doing your usual activities because you see starbursts when you are wearing your best vision correction (glasses or contact lenses)?

[No difficulty at all; Very little difficulty; Moderate difficulty; A lot of difficulty; So much difficulty that I can no longer do some of my usual activities; I do not use any vision correction]

In the last 7 days, how much difficulty have you had doing your usual activities because you see starbursts when you are NOT wearing any vision correction?

[No difficulty at all; Very little difficulty; Moderate difficulty; A lot of difficulty; So much difficulty that I can no longer do some of my usual activities; I always use vision correction]

When you use your best vision correction (glasses or contact lenses) do the double images you see:

[Go away completely; Go away mostly; Go away a little; Not change; Get a little worse; Get a lot worse; I do not use any vision correction (glasses or contact lenses)]

Satisfaction with current vision (1 item)

In general, how satisfied or dissatisfied are you with your present vision?

[Completely satisfied; Very satisfied; Somewhat satisfied; Somewhat dissatisfied; Very dissatisfied; Completely dissatisfied]

Satisfaction with LASIK surgery (8 items)

Currently, how satisfied or dissatisfied are you with the result of your LASIK surgery?

[Completely satisfied; Very satisfied; Somewhat satisfied; Somewhat dissatisfied; Very dissatisfied; Completely dissatisfied]

Currently, how satisfied or dissatisfied are you with how long it took to see improvement in your vision after LASIK surgery?

[Completely satisfied; Very satisfied; Somewhat satisfied; Somewhat dissatisfied; Very dissatisfied; Completely dissatisfied, Never had any post-operative symptoms of discomfort after LASIK surgery]

Currently, how satisfied or dissatisfied are you with how long it took to see improvement in your post-operative symptoms of discomfort after LASIK surgery?

[Completely satisfied; Very satisfied; Somewhat satisfied; Somewhat dissatisfied; Very dissatisfied; Completely dissatisfied, Never had any post-operative symptoms of discomfort after LASIK surgery]

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When you are not wearing glasses or contact lenses, is your distance vision now as good as you anticipated it would be after LASIK surgery?

[Yes definitely, Yes somewhat, No]

Did you achieve the goals you had for LASIK surgery?

[Yes fully achieved, Yes partially achieved, No]

How happy or unhappy are you that you had LASIK surgery?

[Completely happy, Very happy, Somewhat happy, Somewhat unhappy, Very unhappy, Completely unhappy]

If you could do it all over again, would you decide to have LASIK performed?

[Yes, I would decide to have it again, because of my result; Yes, I would decide to have it again, despite my result; No, I would not decide to have it again, because of my result; No, I would not decide to have it again, despite my result]

Would you recommend LASIK surgery to a friend or family member?

[Yes, I would recommend it because of my result; Yes, I would recommend it despite my result; No, I would not recommend it because of my result; No, I would not recommend it despite my result]

Expectations about spectacle independence/vision clarity post-surgery (6 items)

As long as I could see well enough to drive without wearing glasses or contact lenses, I wouldn't mind having vision that was less than perfect:

[Definitely true; Mostly true; Don't know; Mostly false; Definitely false]

How much of the time do you expect to use glasses or contact lenses to see things in the distance after healing from LASIK surgery?

[All of the time; Most of the time; Some of the time; Hardly ever; Never]

How much of the time do you expect to use glasses or contact lenses to see things up close after healing from LASIK surgery?

[All of the time; Most of the time; Some of the time; Hardly ever; Never]

After healing from LASIK surgery, I expect that I will have clear vision:
[With the aid of glasses to see in the distance; With the aid of glasses for reading; With the aid of contact lenses to see in the distance; With the aid of contact lenses for reading; Without glasses or contact lenses]

After healing from LASIK surgery, I expect my vision to be perfect.
[Definitely true; Mostly true; Don't know; Mostly false; Definitely false]

I could accept less than perfect vision if I did not need glasses or contact lenses any more after healing from LASIK surgery.
[Definitely true; Mostly true; Don't know; Mostly false; Definitely false]

Potential Confounders

Life Orientation Test-Revised (LOT-R (6 items)) Copyright © 1994 by the American Psychological Association. Adapted with permission. No further reproduction or distribution is permitted without written permission from the American Psychological Association. (scale abstracted from: Scheier MF, Carver CS, Bridges MW. Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self esteem): A reevaluation of the Life Orientation Test. *Journal of Personality and Social Psychology*. 1994;67:1063-78.)

Dispositional Optimism

In uncertain times, I usually expect the best.
[I agree a lot; I agree a little; I neither agree nor disagree; I disagree a little; I disagree a lot]

If something can go wrong for me, it will.
[I agree a lot; I agree a little; I neither agree nor disagree; I disagree a little; I disagree a lot]

I'm always optimistic about my future.
[I agree a lot; I agree a little; I neither agree nor disagree; I disagree a little; I disagree a lot]

I hardly ever expect things to go my way.
[I agree a lot; I agree a little; I neither agree nor disagree; I disagree a little; I disagree a lot]

I rarely count on good things happening to me.

[I agree a lot; I agree a little; I neither agree nor disagree; I disagree a little; I disagree a lot]

Overall, I expect more good things to happen to me than bad.

[I agree a lot; I agree a little; I neither agree nor disagree; I disagree a little; I disagree a lot]

Brien Holden Vision Institute Quality of Life Scale for Myopia Health Proneness Scale (10 items) (scale abstracted from: Erickson DB, Stapleton F, Erickson P, et al. Development and validation of a multidimensional quality-of-life scale for myopia. *Optom Vis Sci* 2004;81 70-81.)

If I don't master a task right away, I keep trying until I get it right.

[Never; Sometimes; Often; Constantly]

I can adapt to new situations.

[Never; Sometimes; Often; Constantly]

I am happy and content.

[Never; Sometimes; Often; Constantly]

I am willing to take risks.

[Never; Sometimes; Often; Constantly]

I look forward to trying a new task.

[Never; Sometimes; Often; Constantly]

I feel self-assured and self-confident.

[Never; Sometimes; Often; Constantly]

I like to try new places, activities, and situations.

[Never; Sometimes; Often; Constantly]

I sleep well at night.

[Never; Sometimes; Often; Constantly]

I am sure I can accomplish the tasks before me.

[Never; Sometimes; Often; Constantly]

I can usually master a task even if I can't master it right away.

[Never; Sometimes; Often; Constantly]

Patient Health Questionnaire (PHQ-4) (4 items) (scale abstracted from: Kroenke K, Spitzer RL, Williams JB, Lowe B. An ultra-brief screening scale for anxiety and depression: The PHQ-4. *Psychosomatics* 2009;50:613-21).

Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?

[Not at all; Several days; More than half the days; Nearly every day]

Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

[Not at all; Several days; More than half the days; Nearly every day]

Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious, or on edge?

[Not at all; Several days; More than half the days; Nearly every day]

Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?

[Not at all; Several days; More than half the days; Nearly every day]

Socially Desirable Response Set (SDRS) (2 items) (items abstracted from: Hays RD, Hayashi T, Stewart AL. A five-item measure of socially desirable response set. *Educ Psychol Meas* 1989;49:629-36).

I am always courteous even to people who are disagreeable.

[Definitely true; Mostly true; Don't know; Mostly false; Definitely false]

No matter whom I'm talking to, I'm always a good listener.

[Definitely true; Mostly true; Don't know; Mostly false; Definitely false]