

THE SYDNEY MYOPIA STUDY

STUDENT QUESTIONNAIRE

What is the purpose of this study?

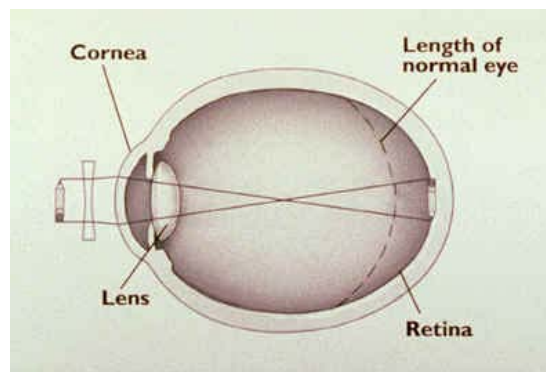
Myopia (short-sightedness) is becoming more frequent in many countries around the world and may lead to problems later in life. The Sydney Myopia Study will look at myopia and other eye conditions, as well as factors contributing to their development. You are invited to participate in this important project that will involve students from all over Sydney.

What is myopia?

People with myopia or short-sightedness have trouble seeing objects in the distance. They may find it hard to read signs, play ball games or read the classroom board.

What happens in myopia?

The eye normally focuses light on the back of the eye (retina) so that objects are seen clearly. A myopic eye is too long and light is focused in front of the retina, so that objects are blurred.



The myopic eye is longer than normal

Why does myopia happen?

We're not sure. We know that it runs in some families, but we think that the environment also plays a part.

What now?

This questionnaire will give us important information about you, your health and lifestyle. We would like to know how you spend your weekdays, weekends and holidays. You might think that some of the questions we ask are not relevant to short-sightedness or even to the eye. But in fact, recent studies have linked eye diseases to lifestyle and a person's living environment.

Please fill out the questionnaire as best you can and bring it back on the examination day in the sealed envelope. **All answers will be strictly confidential. We will ensure that they are kept private and we will not discuss them with your teachers, parents or friends.** If you find some questions difficult, we are happy to explain them to you on the day of your examination.

We have already tested 1765 Year-1 children from across Sydney and we hope to test a similar number of Year-7 students. We are confident that you will enjoy the experience of being part of this very important project and that you will learn many interesting facts about your eyes.

CONTACT DETAILS FOR STUDENT

- 1) Name: _____
(first name) (family name)
- 2) Home phone: _____
- 3) Mobile phone: _____
- 4) Email: _____

QUESTIONS ABOUT YOUR VISION

- 5) Do you **currently** wear *glasses* or *contact lenses*?
- No (**go to question 8**)
- Glasses (could you please bring them to the eye examination)
- Contact lenses
- 6) How often do you wear *glasses* or *contact lenses*?
- All the time
- Most of the time
- Sometimes
- Hardly ever
- Only when my eyes feel tired
- 7) If you wear contact lenses, do you have your old glasses?
- No
- Yes (could you please bring them to the eye examination)
- 8) Have you ever experienced any of the following?
- Blurred vision when looking in the distance
- Double vision
- Sore eyes (How often?) _____
- Other (Please describe) _____
- None of the above

9) Do you get headaches when reading or doing close work?

No

Don't know

Yes

If yes, how often? _____ *times per week*. And at what time of the day? _____

How long do the headaches usually last?

/
(hours) (minutes)

10) How many books or magazines do you finish reading in a week?

books or magazines per week

11) Where do you do **most** of your reading or close work?

At a quiet location at home (e.g. bedroom, study)

At another location at home (e.g. lounge room)

In the library

Other (please describe) _____

12) What type of lighting is **normally used** when you read or do close work? (*you may tick more than one box*)

Desk lamp

Ceiling or room light

Natural light (e.g. sunlight through a window, skylight)

Other (please describe) _____

13) For how long do you **continuously** read or do close work before taking a break of 5 minutes or longer?

0-15 minutes

16-30 minutes

31-45 minutes

46-60 minutes

More than 60 minutes

14) How often do you borrow books from a library?

- Never
- Less than once a week
- Around once a week
- More than once a week

15) Do you have any tutorials, coaching, music lessons or community classes outside school hours?

- No
- Yes

Please specify 1) _____

2) _____

If yes, please state how many hours per week.

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(hours)

16) Do you have access to any of the following? (*you may tick more than one box*)

- Your own mobile phone
- Access to a computer at home
- Access to the Internet at home
- Personal organiser
- Video Game System (X-Box, PlayStation, etc.)
- Digital Camera
- DVD Player

17) Do you use a mobile phone either to make calls or play games?

- No
- Yes

18) How do you usually get to school?

- Car
- Train/bus
- Walk
- Bicycle
- Other (please describe) _____

19) How long does it take you to get to school?

minutes

20) How far away is your school from home?

kilometres

21) If you are driven to school in a car, train or bus, what do you usually do during the journey?

- Read a book/study
- Talk to other people in the vehicle
- Play hand held games
- Sleep
- Look outside the window
- Other (please describe) _____

23) Please tick the activities you do *during the school term* and the number of *hours per week* you spend doing the activity. Include activities done **at school** and **at home**.

DURING THE 7 DAYS OF THE WEEK

	YES	Number of hours per week spent in this activity	Where is this done?		
			Outdoors	In a hall or gym	In a classroom or smaller
a) Dancing, gymnastics martial arts	<input type="checkbox"/>	_____hrs per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Athletics	<input type="checkbox"/>	_____hrs per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Swimming	<input type="checkbox"/>	_____hrs per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Football, soccer, rugby, league, AFL	<input type="checkbox"/>	_____hrs per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Netball, basketball	<input type="checkbox"/>	_____hrs per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Tennis, squash or racquet sports	<input type="checkbox"/>	_____hrs per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Cricket, golf	<input type="checkbox"/>	_____hrs per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Skating, rollerblading	<input type="checkbox"/>	_____hrs per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Baseball/ softball	<input type="checkbox"/>	_____hrs per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Bushwalking, rock climbing	<input type="checkbox"/>	_____hrs per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Attending a youth group/club	<input type="checkbox"/>	_____hrs per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Attending a religious centre	<input type="checkbox"/>	_____hrs per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Other, please describe below _____	<input type="checkbox"/>	_____hrs per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS ABOUT YOUR HOLIDAYS (In the last 12 months)

Please estimate the amount of time you spend indoors/outdoors during each of the following holiday period (excluding mealtimes, sleeping, etc).

- 24) During the 2 weeks of holidays at the **end of term 1** (Easter Break):
- Mainly indoors and occasionally spending up to 2 hours outdoors per day
 - About equal amounts of time indoors and outdoors
 - Mostly outdoors and occasionally spending up to 2 hours indoors per day
- 25) During the 2 weeks of holidays at the **end of term 2** (Winter holidays):
- Mainly indoors and occasionally spending up to 2 hours outdoors per day
 - About equal amounts of time indoors and outdoors
 - Mostly outdoors and occasionally spending up to 2 hours indoors per day
- 26) During the 2 weeks of holidays at the **end of term 3** (includes October long weekend):
- Mainly indoors and occasionally spending up to 2 hours outdoors per day
 - About equal amounts of time indoors and outdoors
 - Mostly outdoors and occasionally spending up to 2 hours indoors per day
- 27) During the **6 weeks of summer** *last year* (Christmas holidays):
- Mainly indoors and occasionally spending up to 2 hours outdoors per day
 - About equal amounts of time indoors and outdoors
 - Mostly outdoors and occasionally spending up to 2 hours indoors per day

QUESTIONS ABOUT YOUR LIVING ENVIRONMENT

- 28) Please tick the box that best describes your home:
- Separate house
 - One storey*
 - Two or more stories*
 - Semi-detached, row or terrace house with:
 - One storey*
 - Two or more stories*
 - Flat attached to a house
 - Other flat/unit/apartment:
 - In a 1 or 2 storey block*
 - In a 3 storey block*
 - In a 4 or more storey block*

- Caravan/cabin in a caravan park, houseboat in a marina,
- Caravan not in a caravan park/houseboat not in a marina, etc.
- Improvised home/campers out
- House or flat attached to a shop, office, etc.

29) Do you live in **another home** for at least 2 days?

- No (**go to question 31**)
- Yes (**go to next question**)

30) If yes, please tick the box that best describes the home you live in regularly for at least 2 days per week:

- Separate house
 - One storey*
 - Two or more stories*
- Semi-detached, row or terrace house with:
 - One storey*
 - Two or more stories*
- Flat attached to a house
- Other flat/unit/apartment:
 - In a 1 or 2 storey block*
 - In a 3 storey block*
 - In a 4 or more storey block*
- Caravan/cabin in a caravan park, houseboat in a marina,
- Caravan not in a caravan park/houseboat not in a marina, etc.
- Improvised home/campers out
- House or flat attached to a shop, office, etc

31) From the front door of your home how many other **homes** can you see?

- Less than 5
- 5-10
- Greater than 10
- Don't know

32) From the front door of your home how many **shops or offices** can you see?

- None
- Less than 5
- Greater than 5
- Don't know

33) From the front door of your home how many **high-rise buildings** can you see?

- None Don't know
 Less than 5
 Greater than 5

34) Is it possible to get a view of the horizon from the ground floor of your home?

- No Don't know
 Yes

QUESTIONS ABOUT YOUR EATING HABITS

*Think about the kinds of foods you **usually** eat. How many times a **day** do you eat these foods? Please tick only one answer for each question.*

35) How many serves of vegetables, including potato, do you **USUALLY** eat each day? (A 'serve' is a half-cup if cooked vegetables or 1 cup of salad vegetables) This includes all fresh, dried, frozen and tinned vegetables.

- I don't eat vegetables
 1 serve or less
 2 serves
 3 serves
 4 serves or more

36) How many serves of fruit do you **USUALLY** eat each day, where a serve is 1 medium piece or 2 small pieces of fruit, a cup of diced pieces? This includes all fresh, dried, frozen and tinned fruit.

- I don't eat fruit
 1 serve or less
 2 serves
 3 serves
 4 serves or more

37) How much milk (in total) do you **USUALLY** drink each day? (include all types of milk, including flavoured milk and milk on cereal)

- I don't drink milk
 Less than 250mL
 250-500mL (300 ml is a small carton)
 501 –750mL
 750mL or more

38) What type of milk do you USUALLY drink? Choose one type of milk only.

- I don't drink milk
- Whole milk (full cream)
- Low or reduced fat milk (1 or 2% fat)
- Evaporated Milk
- Skim (non fat) milk
- Other type milk (i.e. soy, rice, goat)
- Not sure

39) How often do you eat bread? (bread rolls, flat breads, crumpets, bagels, English or bread type muffins)

- Never or rarely
- About 1-3 times a day
- About 3-5 times a day
- 6 or more times a day

40) How often do you add butter or margarine to your bread or rolls?

- Never
- Not very often
- Sometimes
- Almost always
- Always

*Now think about what you **usually** ate over the **past 4 weeks**. Tick only one answer for each question.*

41) How often do you drink 100% fruit juices such as orange and apple?

- Never or rarely
- Less than once a week
- About 1-3 times a week
- About 4-6 times a week
- Everyday

- 42) How often do you consume cheese or yoghurt?
- Never or rarely
 - Less than once a week
 - About 1-3 times a day
 - About 4-6 times a day
 - Everyday
- 43) How often do you eat breakfast cereal? (ready-made, home-made or cooked)
- Never or rarely
 - Less than twice a week
 - About 2-6 times a week
 - Everyday
- 44) How often do you eat pasta, rice, and/or noodles?
- Never or rarely
 - About 1-3 times a week
 - About 4-6 times a week
 - Everyday
- 45) How often do you eat red meat such as beef, mince, lamb or liver?
- Never or rarely
 - Less than once a week
 - About 1-3 times a week
 - About 4-6 times a week
 - Everyday
- 46) How often do you USUALLY eat chicken or fish?
- Never or rarely
 - Less than once a week
 - About 1-3 times a week
 - About 4-6 times a week
 - Everyday
- 47) How often do you eat baked beans, three bean mix, lentils, split peas or dried beans?
- Never or rarely
 - Less than once a week

- About 1-3 times a week
- About 4-6 times a week
- Everyday

48) How often do you eat meat products such as sausages, frankfurters, Belgium, devon, salami, meat pies, bacon or ham?

- Never or rarely
- Less than once a week
- About 1-3 times a week
- About 4-6 times a week
- Everyday

49) How often do you USUALLY eat eggs?

- Never or rarely
- Less than twice a week
- About 2-6 times a week
- Everyday

50) How often do you eat chips, wedges, fried potatoes or crisps?

- Never or rarely
- Less than once a week
- About 1-3 times a week
- About 4-6 times a week
- Everyday

51) How often do you have meals or snacks such as burgers, pizza, chicken or chips from place like McDonalds, Hungry Jacks, Pizza Hut, Red Rooster or local take-away food places?

- Never or rarely
- Less than once a week
- About 1-3 times a week
- About 4-6 times a week
- Everyday

52) How often do you USUALLY eat potato crisps or other salty snacks (i.e. Twisties, Corn chips)?

- Never or rarely
- Less than once a week

- About 1-3 times a week
- About 4-6 times a week
- Everyday

53) How often do you USUALLY eat sweets (i.e. chocolates and lollies)?

- Never or rarely
- Less than once a week
- About 1-3 times a week
- About 4-6 times a week
- Everyday

54) How often do you drink soft drinks or sports drinks like soda, cordial, Coke, Lemonade, Gatorade?

- Never or rarely
- Less than once a week
- About 1-3 times a week
- About 4-6 times a week
- Once a day
- 2-3 times a day

55) Are you allergic to or intolerant of any foods (e.g. milk, nuts, etc)?

- No Unsure
- Yes

Please specify: _____

QUESTIONS ABOUT YOUR HEALTH

56) Have you ever tried or experimented with cigarette smoking, even one or two puffs?

- No
- Yes

57) How old were you when you first tried a cigarette?

- I have never smoked cigarettes
- 7 years old or younger
- 8 or 9 years old
- 10 or 11 years old

- 12 or 13 years old
- 14 or 15 years old

58) During the past 30 days (one month), on how many days did you smoke cigarettes?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

59) During the past 30 days (one month), on the days you smoked, how many cigarettes did you usually smoke?

- I did not smoke cigarettes during the past 30 days (one month)
- Less than 1 cigarette per day
- 1 cigarette per day
- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

The next few questions are about occasions last summer when you were outside in the sun for at least 15 minutes. Please think about actions you usually took for sun protection on these occasions.

60) Thinking back to last summer, how often did you go out in the sun for more than 15 minutes between 11am and 3 pm?

- Always
- Often
- Sometimes
- Rarely or never
- Never in the sun for more that 15 minutes
- Don't know

61) Still thinking of last summer, how often did you get sunburnt, so your skin was still sore or tender the next day?

- Not at all
- Once
- Twice
- 3 or 4 times
- 5 or more times
- Don't know

62) Thinking back to last summer when you were out in the sun for more than 15 minutes, how often did you wear a broad brimmed hat or cap with a back flap?

- Always
- Often
- Sometimes
- Rarely or never
- Don't know

63) Still thinking about last summer, how often did you apply broad-spectrum sunscreen with an SPF of 15 or more?

- Always
- Often
- Sometimes
- Rarely or never
- Don't know

64) Still thinking about last summer, how often did you dress in clothing to protect yourself from the sun?

- Always
- Often
- Sometimes
- Rarely or never
- Don't know

**Thank you for completing the questionnaire.
We look forward to seeing you at the examination.**