**Appendix 1: Questions in the questionnaire**

***1. Please indicate your information.***

Name: \_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_

E-mail (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_

***2. Who is helping you wear your lenses*?**

A. Yourself B. Your parents C. Other\_\_\_\_\_\_\_\_

***3. Who is helping you take off your lenses?***

A. Yourself B. Your parents C. Other\_\_\_\_\_\_\_\_

*The following questions (4-13) should be answered by doer.*

***4. Do you wash your hands before wearing your lenses?***

A. Always B. Sometimes C. Never

***5. Do you wash your hands before taking off your lenses?***

A. Always B. Sometimes C. Never

***6. Do you use soap when you wash your hands?***

A. Always B. Sometimes C. Never

***7. Do you dry your hands after washing your hands with tap water?***

A. Always B. Sometimes C. Never

***8. Do you wash your lenses before wearing your lenses?***

A. Always B. Sometimes C. Never

***9. Do you wash your lenses after wearing your lenses?***

A. Always B. Sometimes C. Never

***10. What kind of solution do you use to clean your lenses? (multiple-choice***)

A. Multipurpose contact lens solution B. Sterile water for injection

C. Tap water D. Boiled water E. Other

***11. Do you rub and rinse your lenses when washing your lenses?***

A. Always B. Sometimes C. Never

***12. How often do you replace the lens storage case solution?***

A. Each day when using lenses B. 2-7 days C. >7 days

***13. How do you replace the lens storage case solution?***

A. Pour out used solution, then pour in fresh solution B. Topping off used solution C. Both of the above

***14. Who is helping you care for your lenses and lens case?***

A. Yourself B. Your parents C. Other\_\_\_\_\_\_\_\_

*The following questions (15-21) should be answered by doer.*

***15. How often do you wash your lens case?***

A. Each day when using lenses B. 2-7 days C.＞7 days

***16. What kind of solution do you use to clean your lens case?***

A. Multipurpose contact lens solution

B. Sterile water for injection

C. Tap water

D. Washing with tap water, then flushing with multipurpose solution or sterile water for injection

E. Boiled water

F. Washing with boiled water, then flushing with multipurpose solution or sterile water for injection

G. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***17. Do you dry your lens case after washing?***

A. Always B. Sometimes C. Never

***18. How often do you replace lens case?***

A. ≤3 months B. 3-6 months C. >6 months

***19. How often do you provide intensive care for your lenses (removing lens protein deposition)?***

A. ≤2 weeks B. 2-4 weeks C. >4 weeks

***20. How long do you use contact lens solution after it is opened?***

A. ≤3 months B. >3 months

***21. Are you using suction holders to take off lenses now?***

A. Yes B. No

*If you fully comply with follow-up visit procedure, do not respond to the following question*.

***22. Why did you not comply with follow-up visit procedure? (multiple-choice)***

A. No symptoms

B. Forgotten

C. Lack of time

D. The cost of follow-up visit is too expensive

E. Inconvenience such as inconvenient traffic

F. It is unnecessary, because I already have enough experience with orthokeratology

G. Other\_\_\_\_\_\_\_\_\_