Please answer the questions marking one number in range 1-10 with a circle:

1. During the day (especially in the morning), do you experience any problems with up-close activities?

   1  2  3  4  5  6  7  8  9  10
   never  very rarely  rarely  sometimes  often  very often

2. Do you take your glasses off for close-up activities (or do you not want to wear contact lenses)?

   1  2  3  4  5  6  7  8  9  10
   never  very rarely  rarely  sometimes  often  very often

3. Do you feel glare by sunlight / other types of light?

   1  2  3  4  5  6  7  8  9  10
   never  very rarely  rarely  sometimes  often  very often

4. Has anyone (parents / siblings / peers) pointed out to you that your pupils are wider?

   1  2  3  4  5  6  7  8  9  10
   never  very rarely  rarely  sometimes  often  very often

5. Do you know that using prescribed eyedrops, progression of your refractive error will be slower?

   I am sure  rather yes  I have no opinion  I have doubts  It does not work

6. From the beginning of using the eyedrops, your self-esteem is:

   1  2  3  4  5  6  7  8  9  10
   much higher  higher  same  rather lower  lower

7. From the beginning of using the eyedrops do you feel more confident in your class/among peers?

   yes - much more confident / a little more confident / same / I feel less confident / I feel bad

8. Have you passed the information about the possibility of slowing down the progression of the refractive error to your peers with a similar refractive error (myopia - "minuses")?

   Yes, to many / only a few  I am not talking about it / I am talking about doubts / I discourage others