

Supplementary File S1

Questionnaire survey.

1. What is your name? _____
2. What is your date of birth? _____
3. What is your sex? _____
4. What is the city you are living in? _____
5. What is your occupation? Please choose between:
 - ☐ Auditor
 - ☐ Consultant
 - ☐ Management personnel
 - ☐ Administrative/Support staff
 - ☐ Technology/ Research staff
 - ☐ Teacher
 - ☐ Full-time student
 - ☐ HR staff
 - ☐ Production personnel
 - ☐ Marketing personnel/public relation practitioner
 - ☐ Civil personnel/ Clerk
 - ☐ Sales personnel
 - ☐ Professional(accountant, lawyer, architect, medical staff, journalist)
 - ☐ Others _____
6. What is your educational level?
 - ☐ Primary school
 - ☐ Middle school
 - ☐ High school

☐ College or above

7. When were you first diagnosed with keratoconus? _____

8. Which eyes are you diagnosed with keratoconus?

☐ The right eye

☐ The left eye

☐ Bilateral eyes

9. When did you first wear rigid gas permeable contact lens (RGPCL)? _____

10. Are you still wearing your RGPCL?

☐ Yes

☐ No

11. If the answer is NO, please answer:

1) When did you stop wearing RGPCL? _____

2) Why did you stop wearing RGPCL? _____

12. Do you have family members who were also diagnosed keratoconus?

☐ Yes

☐ No

13. If the answer is Yes, please answer:

1) How many family members were diagnosed keratoconus? _____

2) Relative 1: What is the relationship between you and her/him? _____

What is the age of your relative? _____

What is the gender of your relative? _____

3) Relative 2: What is the relationship between you and her/him? _____

What is the age of your relative? _____

What is the gender of your relative? _____

4) ...

14. Why did you choose RGPCL?

- ☐ To control the progression of KC
- ☐ To improve visual acuity
- ☐ Both

15. Do you agree with the statement that "I will give up RGPCL because of its high cost"?

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Not sure
- ☐ Agree
- ☐ Strongly agree

16. Do you agree with the statement that "My visual acuity improved with RGPCL wear"?

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Not sure
- ☐ Agree
- ☐ Strongly agree

17. Do you agree with the statement that "I am satisfied with RGPCL wear overall"?

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Not sure
- ☐ Agree
- ☐ Strongly agree

18. Do you agree with the statement that "I am worried about the decentration or loss of

RGPCl when I am wearing RGPCl.”?

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Not sure
- ☐ Agree
- ☐ Strongly agree

19. Do you agree with the statement that “My quality of life has improved due to the improvement of visual acuity with RGPCl wear”?

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Not sure
- ☐ Agree
- ☐ Strongly agree

20. Do you agree with the statement that “I got used to the RGPCl within 2 weeks after the first commencement of lens wear”?

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Not sure
- ☐ Agree
- ☐ Strongly agree

21. Do you agree with the statement that “Discomfort with RGPCl wear has negatively affected my need for it.”?

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Not sure
- ☐ Agree
- ☐ Strongly agree

22. Do you agree with the statement that "I often experience discomfort such as eye redness or eye pain with RGPCL wear."?

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Not sure
- ☐ Agree
- ☐ Strongly agree

23. Do you agree with the statement that "I am afraid that long-term wear of RGPCL will have side effects on my eyes. "?

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Not sure
- ☐ Agree
- ☐ Strongly agree

24. In which treatment do you have better visual acuity?

- ☐ RGPCL
- ☐ Spectacle lenses
- ☐ No significant differences
- ☐ Not sure

25. Have you undergone corneal collagen cross-linking(CXL) surgery?

- ☐ No.
- ☐ Yes, but I didn't wear RGPCL before CXL.
- ☐ Yes, and I have already worn RGPCL before CXL.