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## ANNEXURE C. Participant Information & Consent Form

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Title of Study: Digital Screen Exposure and Ocular Surface Symptoms

Principal Investigator:

Contact (Phone/Email):

IRB Approval No.:

**Purpose:** You are invited to take part in a research study that looks at the relationship between digital screen exposure and eye symptoms. The goal is to improve understanding and care for dry eye and computer vision syndrome.

**Procedures:** If you agree, we will ask brief questions about your demographics, screen use, and eye symptoms. We may also review routine clinical tests (e.g., TBUT, Schirmer). Your part will take about 15–20 minutes.

**Risks/Discomforts:** Minimal risk is expected (questionnaire only). No experimental treatment is given.

**Benefits:** You may not receive any direct benefit. Your answers may help improve future care for people with similar symptoms.

**Confidentiality:** We will store your information securely and remove your name from study data. Results will not include information that can identify you.

**Voluntary Participation:** Taking part is your choice. You may refuse to join or leave the study at any time without penalty or loss of benefits to which you are otherwise entitled.

**Questions:** If you have questions about the study, please contact the Principal Investigator listed above. If you have questions about your rights as a participant, contact your Institutional Review Board (IRB).

**Consent Statement:** By checking the box below and signing, you confirm that: (1) you have read and understood the information above; (2) your questions have been answered; and (3) you agree to take part in this study.

☐ I have read this form, and I agree to participate in the study.

Participant Name:

Investigator Name:

Participant Signature:

Investigator Signature:

Date (DD/MM/YYYY):

