Additional file 1

Eye Health Preventive Behaviors Questionnaire

(Adapted from Na Nakorn, P., 2005)

Instructions: Please indicate how often you perform the following eye health behaviors.

No.	Items	Response Scale (Circle one)
	1. Annual eye examinations	
1	Attend regular eye examinations with an ophthalmologist as scheduled.	Never (1) / Rarely (2) / Sometimes (3) / Often (4)
2	Visit an ophthalmologist at the hospital when experiencing abnormal eye symptoms, such as blurred vision, decreased vision, double vision, eye pain, red eyes, or seeing floaters.	Never (1) / Rarely (2) / Sometimes (3) / Often (4)
3	Have your vision and intraocular pressure checked.	Never (1) / Rarely (2) / Sometimes (3) / Often (4)
	2. Maintaining a healthy diet.	
4	Eat nutritious food to maintain a strong body.	Never (1) / Rarely (2) / Sometimes (3) / Often (4)
5	Eat foods that help nourish your eyes, such as green and yellow vegetables.	Never (1) / Rarely (2) / Sometimes (3) / Often (4)
	3. Regular physical activity.	
6	Exercise at least 3 times a week, for approximately 30 minutes per session.	Never (1) / Rarely (2) / Sometimes (3) / Often (4)
7	Perform eye exercises, such as frequent blinking to prevent dry eyes, rolling your eyes up and down, and closing your eyes then looking up and down.	Never (1) / Rarely (2) / Sometimes (3) / Often (4)
	4. Self-monitoring for visual impairment risk factors	
8	Undergo blood sugar level checks.	Never (1) / Rarely (2) / Sometimes (3) / Often (4)
9	Undergo blood fat (lipid) level checks.	Never (1) / Rarely (2) / Sometimes (3) / Often (4)
10	Have your blood pressure measured.	
	5. Use of sunglasses for ultraviolet protection	
11	Always wear prescription glasses when reading or doing close-up work.	Never (1) / Rarely (2) / Sometimes (3) / Often (4)
12	Replace or get new glasses if your current ones no longer provide clear vision.	Never (1) / Rarely (2) / Sometimes (3) / Often (4)
13	Get prescription glasses from an optical store or purchase ready-made reading glasses available on the market.	Never (1) / Rarely (2) / Sometimes (3) / Often (4)
14	Wear sunglasses to protect your eyes from sunlight, dust, and wind when going outdoors.	Never (1) / Rarely (2) / Sometimes (3) / Often (4)
15	When using your eyes for extended periods—such as reading or working—take regular breaks by closing	Never (1) / Rarely (2) / Sometimes (3) / Often (4)

No.	Items	Response Scale (Circle one)
	your eyes or looking at natural colors like the green of trees to rest your vision.	
	6. Participation in eye health programs	
16	Participate in educational and skill-building activities related to eye health care.	Never (1) / Rarely (2) / Sometimes (3) / Often (4)
17	Engage in conversations with friends, family members, or public health personnel about eye care in older age.	Never (1) / Rarely (2) / Sometimes (3) / Often (4)
	7. Proficiency in eye irrigation and medication instillation	
18	Purchase eye wash to clean eyes when experiencing irritation, or use eye wash regularly even without abnormal eye symptoms.	Never (1) / Rarely (2) / Sometimes (3) / Often (4)
19	Use eye drops or eye ointment from others who have similar symptoms.	Never (1) / Rarely (2) / Sometimes (3) / Often (4)
20	When experiencing abnormal eye symptoms, such as irritation or blurred vision, self-purchase medication to use.	Never (1) / Rarely (2) / Sometimes (3) / Often (4)