**Supplementary Information**

1. **Details on the new examinations in follow-up visit**

**Heidelberg Retina Tomography (HRT)**

HRT-II (Heidelberg Engineering, Heidelberg, Germany) was used to acquire digital confocal images of the posterior segment. The optic disc area, cup area, rim area, cup-to-disc area ratio, volume of disc and cup, average retinal nerve fiber layer thicknesses in both eyes were obtained. The examination was performed in a semi-dark room. A 3D image of the optic nerve head would be generated to assess any anomaly.

**Stereoscopic Fundus Imaging**

Stereo fundus images of posterior pole of fundus were taken with a stereo fundus camera (Kowa nonmyd WX, Kowa, Japan). Two images with a slight difference in the angle were taken simultaneously. Images centering at fovea and optic disc were obtained respectively. The boundary of lesion was manually reviewed based on the two images by a trained grader wearing a specialized three-dimensional glasses.

1. **Interviewer-administered questionnaires at baseline**

High Myopia Health Record---Questionnaire

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Subject ID: | MYP |   |  |  |  |  |  |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_YY\_\_\_MM\_\_ DD

1. What is the highest level of education you have completed?

□No formal education □Primary school □Junior high school

□Senior high school or technical secondary school □College or junior college □Postgraduate education and above

2. Which of the following best describes your current occupation?

 □Farmer □Professional（lawyer，doctor or engineer）

 □General professional（teacher and nurse） □ Administrator

 □Senior technician □Junior technician

□Manual worker □Unemployed

□Housewife/husband □Retired □Freelancer

□Self-employed □Student □Other

1. Do any of your family members suffer from the following diseases?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Myopia | High myopia（<-6.00D） | Diabetes mellitus | Hypertension |  |
| Father　 | Yes |  |  |  |  | NoneAll UnremarkableInapplicable |
| No |  |  |  |  |
| Unremarkable |  |  |  |  |
| Mother | Yes |  |  |  |  | NoneAll UnremarkableInapplicable |
| No |  |  |  |  |
| Unremarkable |  |  |  |  |
| Brother　 | Yes |  |  |  |  | NoneAll UnremarkableInapplicable |
| No |  |  |  |  |
| Unremarkable |  |  |  |  |
| Sister | Yes |  |  |  |  | NoneAll UnremarkableInapplicable |
| No |  |  |  |  |
| Unremarkable |  |  |  |  |
| Son | Yes |  |  |  |  | NoneAll UnremarkableInapplicable |
| No |  |  |  |  |
| Unremarkable |  |  |  |  |
| Daughter | Yes |  |  |  |  | NoneAll UnremarkableInapplicable |
| No |  |  |  |  |
| Unremarkable |  |  |  |  |

4. How old were you when you first found out you were myopic? years old.

□Don’t know

5.When you first found out you were myopic, what was your degree of myopia (in diopters)? Right eye \_\_\_\_\_Left eye \_\_

□Don’t know

6. How old were you when you first found out you were highly myopic (<-6.00D)? \_\_\_\_\_ years old.

□Don’t know

7. How old were you when you first wore spectacles? \_\_\_\_\_ years old

 □Don’t know

8. Over the last 3 years，approximately how often did you have an eye examination?

□6 monthly or more□ 6 monthly – Annually □ Annually □ Less than annually

9. In the last three years, the refraction of your eyes was:

 9.1. In 2010: Right Left □Didn’t have any eye examination □Don’t know

 9.2. In 2009: Right Left □Didn’t have any eye examination □Don’t know

 9.3. In 2008: RIght Left □Didn’t have any eye examination □Don’t know

10. In addition to wearing glasses， what other treatments have you received?(More than one option allowed)

□Bifocal glasses

□Progressive glasses

□Ortho-K

□Contact lens （rigid or soft）

□Eyedrops (e.g. atropine）

□Others:

□Did not receive any treatment

11.Do you currently smoke? (Cigarettes, cigars and other kinds of tobacco are included)

□Yes, since years old

□No□Don’t know

□ Inapplicable

12.The average quantity of tobacco you smoke every week is:

 packet(s) of cigarettes (20 cigarettes in a packet)

 cigars

 packet(s) of tobacco

13.In your working place or living area, is there anyone who frequently smokes around you?

□Yes □No □Don’t know’ □Can’t tell

14.How often do you drink alcohol?

□Never

□Every 2 weeks or less

□Every week

□1-2 days a week

□3-4 days a week

□5-6 days a week

□Every day

□Don’t know

□Inapplicable

15.How old were you when you started drinking? \_\_\_\_\_years old. □Inapplicable

16. What type of alcohol do you usually drink?

 □Low alcoholic beer( e.g. pineapple beer)

□Beer

□Wine

□High alcoholic liqueur (e.g. Erguotou, vodka)

□General liqueur

□Don’t know

17. If you have quit drinking alcohol, when did you stop?

 years old □Don’t know

18.How much time do you spend exercising each day?

 □Less than 1 hour □1 hour □1-2 hours □More than 2 hours

□No exercise □Don’t know

19.How intense is your exercise activity?

 □High intensity exercise (to the point where your breathing is heavily affected, such as when performing heavy lifting, running, bike riding, swimming, or playing basketball, soccer, and tennis)

 □Moderate intensity exercise (to the point where your breathing is moderately affected, such as when jogging, slow bike riding, slow workout dancing, performing Taiji, yoga, or playing golf, bowling, and shuttlecock kicking)

 □Other

 □Inapplicable