Supplementary material – Eye movements questionnaire

Instructions
- Answer the following questions by circling the right number. If you have doubts between two answers, choose one answer that suits your situation most closely.
- If you have encircled a wrong answer, or changed your mind, put a cross through this circle and encircle the answer that you think is right.
- The questions relate to your situating during the past month.
- If the complaints change during the day, the average of the situation throughout the day.
- If you wear glasses or contact lenses, the questions relate to the situation when you wear them.

Questions
1. To what extent do you experience complaints of double vision, when looking with both eyes together?
   
   None ......................... 1
   Mild .......................... 2
   Moderate .................... 3
   Severe ...................... 4
   Very severe ............... 5

2. To what extent do you experience complaints of blurred vision?
   
   None ......................... 1
   Mild .......................... 2
   Moderate .................... 3
   Severe ...................... 4
   Very severe ............... 5
3. How much difficulties do you experience in focusing the eyes on stationary objects and persons in your surroundings?

- None ...................... 1
- Mild .......................... 2
- Moderate .................. 3
- Severe ...................... 4
- Very severe ............... 5

4. How much difficulties do you experience in focusing the eyes on moving objects and persons in your surroundings?

- None ...................... 1
- Mild .......................... 2
- Moderate .................. 3
- Severe ...................... 4
- Very severe ............... 5

5. How much difficulties do you experience in finding a new line when reading?

- None ...................... 1
- Mild .......................... 2
- Moderate .................. 3
- Severe ...................... 4
- Very severe ............... 5

6. How often do you experience that the stationary surrounding are moving or vibrating, when your head is stationary?

- Never ...................... 1
- Rarely ....................... 2
- Sometimes .................. 3
- Often ......................... 4
- Always ....................... 5

7. How often do you experience that the stationary surrounding are moving or vibrating, when your head is moving?

- Never ...................... 1
- Rarely ....................... 2
- Sometimes .................. 3
- Often ......................... 4
- Always ....................... 5