### Supplementary Table S1. Description of the modified Quality of life Impact with Refractive Correction (QIRC) instrument

| Domains           | Item no. | Contents                                                                                           |
|-------------------|----------|----------------------------------------------------------------------------------------------------|
| Visual function   | 1        | Difficulty in driving or cycling in glare conditions                                               |
| Symptoms          | 2        | During the past month, eyes feeling tired or strained                                               |
| Convenience       | 3–7      | Trouble not being able to use off-the-shelf (non-prescription) sunglasses                           |
|                   |          | Trouble before doing things; e.g. travelling, sport, going swimming                                |
|                   |          | Trouble not being able to see when you woke up; e.g. go to the bathroom, look after a baby, see alarm clock |
|                   |          | Trouble not being able to see when on the lakeshore or swimming in the river or lake or pool, because you do these activities without spectacles |
|                   |          | Trouble when you wear spectacles when using a gym or any other exercise                            |
| Health concerns   | 8–13     | Concerns about the initial and ongoing cost to buy your current spectacles                          |
|                   |          | Concerns about the cost of unscheduled maintenance of your spectacles; e.g. breakage, loss, new eye problems |
|                   |          | Concerns about having to increasingly rely on your spectacles since you started to wear them       |
|                   |          | Concerns about your vision not being as good as it could be                                       |
|                   |          | Concerns about medical complications from your spectacles                                           |
|                   |          | Concerns about eye protection from ultraviolet radiation                                            |
| Well-being        | 14–20    | During the past month, how much of the time you felt that you looked your best                     |
|                   |          | During the past month, how much of the time have you felt that you think others see you the way you would like them to (e.g. intelligent, sophisticated, successful, cool)? |
|                   |          | During the past month, how much of the time have you felt complimented/flattered                   |
|                   |          | During the past month, how much of the time have you felt confident?                               |
|                   |          | During the past month, how much of the time have you felt happy                                    |
|                   |          | During the past month, how much of the time have you felt able to do the things you want to do     |
|                   |          | During the past month, how much of the time have you felt eager to try new things                  |