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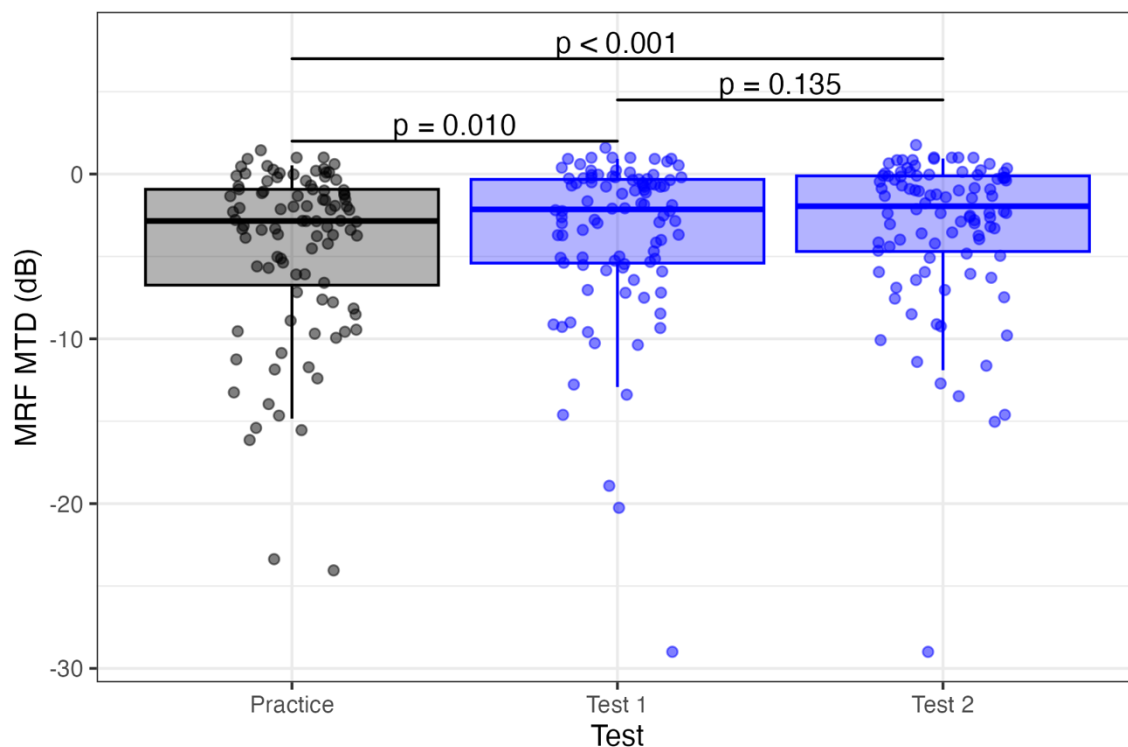
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Melbourne Rapid Fields calibration procedure

Prior to performing each test, the software incorporates a calibration step to correct for variability in screen size of participants' computers. This is accomplished by displaying an inverted "U" shape on the screen and having the participant adjust the size of the "U" so that it matches the width of a standard credit card (53.98 mm). This allows the screen resolution and physical screen size to be calculated, therefore allowing software to adjust the test display for the test screen. Presbyopic or ametropic participants wear their habitual near-correction during testing. Viewing distance (33 cm or 50 cm) depends on the size of the screen. The front-facing web camera was used for facial feature tracking[22] to determine viewing distance in real-time during the test, after setting an initial face size for reference. Participants were alerted to >10% change in viewing distance during the test, and a computer-generated voice command instructs the participant to re-adjust viewing distance either closer or further away. The camera is also coupled to software that can identify the eye being tested as well as the presence of excessive local room luminance. At the start of the test, participants were asked to turn their screen brightness to a maximum, which on commercial flat screen devices produces a background luminance of 5 cd/m² and dynamic range of 30 dB during perimetry testing. Previous evaluation of several displays demonstrated that there was no more than 10% variation in the intensity measures among various display systems[20] and calculations show that this results in less than 0.5 dB error in contrast threshold values.[23]

Home Monitoring User Feedback Questionnaire



Supplementary Figure 1. Box-plots of the Mean Total Deviation (MTD) for the practice and test-retest sessions. The horizontal midline indicates the median. The boxes include the interquartile range. The whiskers extend to the 5th and 95th percentiles. The pairwise p-values are derived from a linear mixed effect model and corrected for multiple comparisons with the Bonferroni-Holm method for 3 tests.

Home Monitoring User Feedback Questionnaire

Note that these results include all participants who provided a response ($n = 100$), not only those who provided valid VF test results.

For the comparative questions, we quantified patients who agreed with the proposed statements at least partially. Several participants expressed challenges with the HFA test in the clinic, with 41% finding the test difficult, whereas 24% enjoyed it, and 51% felt fatigued during the procedure. Also, 41% reportedly found it easy to concentrate during the test, however, despite these variations in experiences, an impressive 95% felt they had a clear understanding of test requirements, possibly due to the supervising technician.

For the recently conducted visual field test at home, 33% found it difficult, 28% enjoyed it, 29% reported feeling tired during the testing. Most individuals (62%) found it easy to concentrate throughout the home-testing process. 83% of patients performing a test at home felt they had a clear understanding of test requirements.

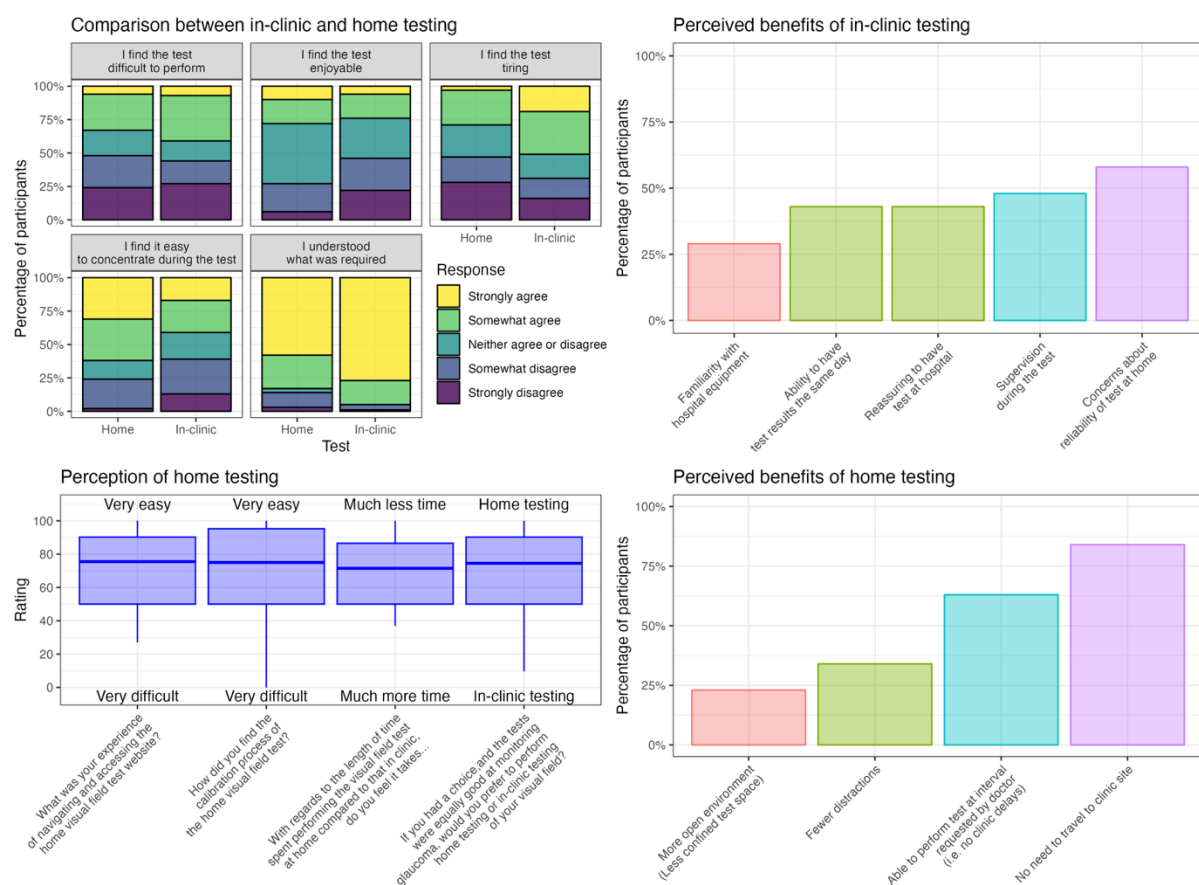
For MRF, the patients provided an average rating of 69.4 on a linear scale (with 0 being “very difficult” and 100 being “very easy”) and 69.7 for the calibration process.

Participants’ perception of the MRF duration yielded an average score of 68 on a linear

scale (with 0 being “much more time required” and 100 being “much less time required”).

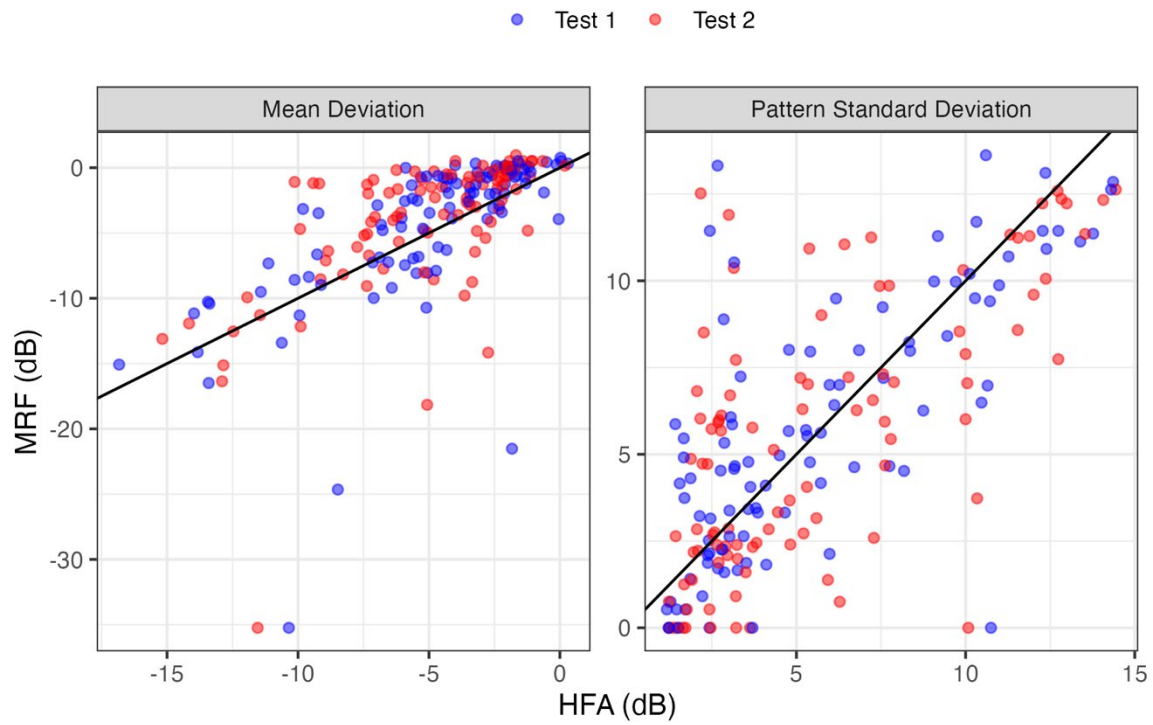
When asked about potential benefits of in-clinic testing compared to home testing, the most common response (57%) was concern about the reliability of the home VF test. However, when asked about the potential benefits of home monitoring over clinic-based testing, 82% of the patients selected "No need to travel to the clinic site" and 78% chose "Able to perform the test at a more convenient time of day” as advantages. When given a choice between home and clinic testing, participants expressed a preference rating of 66.2 on the linear scale (with 0 being “strongly prefer clinic testing” and 100 being “strongly prefer home testing”) for home testing.

These results are summarised in the supplementary figure below.



Supplementary Figure 2. Summary of questionnaire responses from our 100 participants. The height of the bars in the upper left panel represent proportions of patients. The box-plots report the median (horizontal midline), interquartile range (the box) and the 5%-95% quantiles (whiskers) of a rating between 0-100.

Comparison of device-specific indices



Supplementary Figure 3. A direct comparison of the metrics as provided by the two devices (the device-specific Mean Deviation (MD) and Pattern Standard Deviation(PSD)) for the first and second test sessions.