



This is to be filled out by child with parent

Child's Name: _____

Appointment date: _____

Check the box if the answer is yes

- This is my first eye exam
- Mom is helping me fill this out
- Dad is helping me fill this out
- I am doing this by myself
- Other, please comment:

When you are reading

- Do your eyes hurt, burn or feel tired?
- Do you get headaches?
- Does your work become fuzzy or blurry?
- Do you ever see double?
- Do the words you are reading move around?
- Is it easier to read with one eye closed?
- Is it easier to read if you cover one eye?
- Is it easier to read if you use your finger to keep your place?
- Do you notice that you lose your place, skip lines, or skip words?

After reading:

- Is it hard to remember what you have read?
- Do you have to re-read material to understand it?

At school:

- Do your eyes become blurry when looking from the desk to the board?
- Is it difficult to remember how to spell words?

Parent to fill this side out

(Name of parent/guardian)

Check the box if the answer is yes

General questions

- My child is having difficulty with reading
- My child is having difficulty with math
- My child is in remedial classes
- My child has had to repeat a year in school
- Teachers/Doctors feel that my child has ADD
- Additional psychological, educational, audio logical, neurological or other testing has been performed on my child

General behavior

- Higher activity level than other children my child's age
- My child has problems with coordination and seems clumsy at times.
- Short attention span
- Impulsive
- Frustrates easily
- Doesn't listen when spoken to
- Inattentive
- Poor memory
- Eyes appear to cross or drift out
- Tension during close work and reading

Visual processing skills

- Trouble learning left from right
- Reverses letters and numbers
- Mistakes words with similar beginnings
- Can't recognize the same word repeated on a page
- Trouble learning basic math concepts
- Poor reading comprehension
- Poor recall of visually presented material
- Trouble with spelling and sight vocabulary
- Sloppy writing skills
- Erases excessively
- Can respond orally but not in writing
- Seems to know material but does poorly on written tests

May also use the back of this sheet in answering these questions.

What is main reason for bringing your child to our office, any additional comments or concerns?

Do you notice your child experiencing any of the symptoms listed on the left side of this questionnaire?