



Adult & Childrens Opticians

2B SEVERN RD CANTON CARDIFF CF1 9EB TEL 029 20 228144 FAX 029 20 225753

Email childopt@aol.com

HOME QUESTIONNAIRE

Please fill this questionnaire and return it to the practice at the above address at LEAST TWO WEEKS in advance of the appointment date. Without it a full examination may not be possible in the allocated time.

PLEASE NOTE that you still need to fill in both questionnaires even if you are now an adult.

The purpose of this questionnaire is to give the optometrist a more complete picture of any early history that may be relevant to the normal development of functional visual skills. This helps to establish time of onset and contributory factors involved in any visual abnormality. Complete answers will save time on lengthy questioning allowing more in depth testing. The more complete the answers the better so please feel free to write along the side of the questions or include a further sheet if necessary.

Please ring correct answers as appropriate and delete those that do not apply.

If you have any queries concerning this questionnaire, or you need a larger print version, please contact us at the above address.

PATIENT NAME

DATE

ADDRESS

CONTACT TELEPHONE NUMBER

DATE OF BIRTH

SCHOOL/COLLEGE

TYPE OF COURSE

WHO SUGGESTED BEHAVIOURAL EYE EXAMINATION AND ANY SPECIFIC REASON?

DEVELOPMENTAL HISTORY

BIRTH

Was it a full term pregnancy?

How many weeks?

Was it a normal birth?

ILLNESSES

List any serious illness /operations in early years?

EARLY MOVEMENT

Did you/your child crawl?

At what age did you/your child walk?

SPEECH/LANGUAGE

Was early speech clear to others?

Is it clear now?

Was there any language difficulties?

BALANCE AND CO-ORDINATION

Are you/your child stable on your feet or do you trip excessively?

Do you/your child walk into doorways/table edges/etc. excessively?

Do you/your child tend to misjudge/spill/knock things over excessively?

Are you/your child insecure in unfamiliar surroundings?

Are you/your child good with ball skills (catching, throwing, and kicking)?

PREVIOUS EYE CARE

Please give reason for any eye examination, approximate date and outcome.

Do you/your child wear glasses?

How long have you/your child worn them?

When do you/your child wear them?

Is there any family history of turn, squint or lazy eyes?

CONCENTRATION

Is concentration generally good for all activities?

If generally poor, is it good for any type of activity?

Is it difficult to concentrate on the television when sitting back?

Do you/your child edge forward/lose interest?

Do you/your child appear very engrossed (unaware of events or people speaking around you) when watching TV?

Does this occur on any other activity?

How much time do you/your child spend on the computer or computer type activity each day?

Are you/they relaxed during and after use?
Is concentration more difficult at school/college than at home?
Is it movements or sounds that distract?

LEISURE

What type of activity do you/your child mostly choose in your spare time?

Table top activities (drawing/reading/writing/craft)

Hands on manipulative/construction type activity.

Computer type activity.

Television.

Outdoors/sports .

Never settle to any activity.

Mischief.

OTHER PROFESSIONALS

Have you/your child seen any of the following:

Occupational therapy

Physiotherapy

Speech and language therapy

Educational psychology

At what age, and are you still attending?

VISUAL DISTORTION OF DISTURBANCE

Do you suffer any of the following? Please ring.

Words jumping, wobbling, flickering, floating, fading, merging, going black or white, double or blurred, other.



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STUDENT/CLASSROOM QUESTIONNAIRE

Please fill this questionnaire and return it to the practice at the above address at LEAST TWO WEEKS in advance of the appointment date. Without it a full examination may not be possible in the allocated time.

The purpose of the attached questionnaire is to give the optometrist an insight into the difficulties prior to the eye examination. This helps to direct testing towards any likely underlying visual problem and saves time on lengthy questioning allowing more in depth testing. The more complete the answers the better, so please feel free to write along the side of the questions or include a further sheet if necessary.

The best person to fill in the form is someone who works closely with you/your child in class (or at home) but, if you would prefer, you can complete it yourself.

Please ring correct answers as appropriate and delete those that do not apply. Feel free to add any extra detail.

If you have any queries concerning this questionnaire, or you need a larger print version, please contact us at the above address.

NAME
TYPE OF STUDY

DATE

FILLED IN BY (tutor, parent, etc.)

BOARD AND OHP WORK

Where do you/your child tend to sit in relation to board?

No preference/close/middle/back

Facing the board/back to the board/directly in front of/to extreme right or left of board.

Do you/your child suffer any of the following?

Squinting/rubbing eyes/needng to move closer.

Slow speed/difficulty finishing on time.

Copy errors-omission/duplication/reversals

The board is blurred at start of work

The board starts clear and begins to blur as copy work proceeds

It takes time to clear at either distance

The book is blurred at start of work

The book begins to blur as copy work proceeds

It is necessary to make a lot of tiring head movement

It is difficult to keep place on board /book

Double vision on board/book

SHEET COPY WORK

Do you observe the following?

Sheet copy work is faster/more accurate than board work.

You need to mark position with finger.

Slow speed/Copy errors.

The book is blurred at start of work.

The book begins to blur as copy work proceeds.

Double vision or merging of print on book.

WRITING /ART WORK

Do you observe the following?

Out of lines on colouring/immature drawing for age.

Head tilted/turned to one side/one eye closed/ head resting on hand.

Close working distance/crouched posture/twisting body or page.

Poor page support.

Poor Letter formation

PENCIL GRIP

Good/poor

low/high

Very tight/loose/immature

Inadequate/excessive/erratic spacing between words

Frequently off lines/trailing up/down

Poor layout – starting in wrong place.

Comments on writing/layout/drawing?

READING

Do you observe the following?

Close working distance/ particular about position of book.

Constant adjustment of book position/body posture.

Head turns along line as reads.

Follows with own finger/marker or losses place frequently.

Reads significantly better from flash cards/when surrounding print blocked off/omission/addition/reversals of letters/words/numbers.

Fails to recognise well-known words.

Do you/your child observe any of the following?

Blurring of print at start of reading/ blurring only if print is small

Blurring of print only on prolonged reading

Harder to keep place if print is smaller or full page of print

Print merging, doubling, moving, wobbling, fading.

Background too bright or more prominent than text.

Any other irritating change in print. Please list.

COMPUTER WORK

How often? For how long?
Font size?
Do you/your child need to adjust background colour? Which colour?

SYMPTOMS AND APPEARANCE OF EYES

Do you/your child complain of any of the following?
Headaches/eyes hurting/itching/burning/rubbing.
Dizziness/nausea/anger/frustration when on the computer?

HEADACHES

Where? Forehead/back of head/front of head/top of head.
When ? On waking/after school or college/after or during
TV/concentrated book work/computer/board work/end of day/no pattern
How often? Daily/once weekly/one or two per month/less often
How severe ? Mild/needs medication/need to sleep it off/lasts days.

Do you observe the following?

Red eyes/shadows under eyes/watery eyes/ blinking/squinting.
One eye turning in/out. When ?
Closing /covering one eye/turning or tilting head When ?

BALANCE AND CO-ORDINATION

Do you observe the following?
Tripping excessively/bumping into doorways, edges of cabinets, etc.
Poor on ball games particularly catching.
Insecure with low heights/unfamiliar surroundings.

GENERAL

Is most work completed in reasonable time?

Comments on concentration: