

Parent Questionnaire For Vision Problems

Child's Name _____ Age _____ Date _____

Does your child suffer from any of the following signs or symptoms of a potential vision problem? Remember that many children experience these signs and symptoms and do not tell anyone, because they don't know these symptoms are not normal.

1=never / 2=seldom / 3=occasionally / 4=often / 5=always

Physical Signs	Score
Does your child...	
Report that the blackboard or other things look blurry?	
Have headaches after doing schoolwork?	
Blink excessively or rub their eyes?	
Hold books extremely close?	
Cover one eye by leaning on hand?	
Fall asleep when reading?	
Report that words run together when reading?	
Performance Problems	
Does your child...	
Have trouble copying work from the chalkboard to paper?	
Avoid reading?	
Lose place when reading?	
Skip or reread words and lines?	
Have difficulty completing schoolwork in reasonable time?	
Tend towards clumsiness?	
Reverse letters and numbers?	
Secondary Symptoms	
Does your child...	
Have a short attention span?	
Have poor self-esteem and confidence in school?	
Misbehave or "goof off" in school?	
Have frustration and anxiety associated with school?	
Seem to perform below their potential?	
Total	

Total scores above 30 or any one question above "3" raise suspicion about a potential vision problem.