

**Visual History Questionnaire**

**Child's name:** \_\_\_\_\_

1. Does your child have any history of visual difficulties, problems with sight or visual impairment?

**Yes/No**

If YES, please give details: \_\_\_\_\_

\_\_\_\_\_

2. When did your child last have a sight-test by an optometrist/optician?

**Approximate date:** \_\_\_\_\_

3. Was any prescription made?

**Yes/No**

If YES:

- a) Was your child advised to wear the prescription glasses/ contact lenses for distance (e.g. for watching television or for driving) or near (e.g. for reading) or both? **Near/distance/both**

- b) Does your child wear their glasses/lenses?

**Yes/No**

If not, why not?

\_\_\_\_\_  
\_\_\_\_\_

4. Has your child) ever used coloured overlays or colour-tinted glasses?

**Yes/No**

If YES:

- a) Who advised and provided them? \_\_\_\_\_

- b) Why were they recommended? \_\_\_\_\_

\_\_\_\_\_

- c) Did they help?

**Yes/No**

If YES, in what way? \_\_\_\_\_

- d) Does your child still use them?

**Yes/No**

If not, why not? \_\_\_\_\_

\_\_\_\_\_

5. Approximately how many hours per working/school day does your child spend at a screen (phone, tablet, computer) etc? \_\_\_\_\_

6. Approximately how many additional hours per working /school day does your child spend reading books, newspapers, comics or other paper-based texts?

\_\_\_\_\_

7. Has your (your child's) screen /reading /near work time increased recently?

**Yes/No**

If YES, by how much? \_\_\_\_\_

8. Please discuss the following questions with your child and circle their response:

Always: Every day

Often: Several times a week

Sometimes: 2-3 times a month

Rarely: only one every few months

Do you get headaches when you read Always Often Sometimes Rarely Never

Do you become restless, fidgety or distracted when reading? Always Often Sometimes Rarely Never

Does reading from white paper seem too bright or glaring? Always Often Sometimes Rarely Never

Does the print appear to jitter or move on the page? Always Often Sometimes Rarely Never

Does the print or background appear to shimmer or appear coloured as you read?

Always Often Sometimes Rarely Never

Do you screw up your eyes when reading? Always Often Sometimes Rarely Never

Does text appear blurred or go in/out of focus when you are reading?

Always Often Sometimes Rarely Never

Do you lose your place when you are reading? Always Often Sometimes Rarely Never

Do you skip or re-read words or lines when you are reading? Always Often Sometimes Rarely Never

Do you use a marker or your finger to stop you losing your place when you are reading?

Always Often Sometimes Rarely Never

Do words on the page ever appear double when you are reading? Always Often Sometimes Rarely  
Never