

Children's Vision Questionnaire

This checklist has been prepared to assist in making reliable observations of children's visual behavior. This is important to do, since vision problems can interfere with scholastic progress. Please fill out this questionnaire by indicating all the symptoms that apply.

Eye Movement Abilities (Ocular Motility)

- ☐ Head turns as reads across page
- ☐ Loses place often while reading
- ☐ Needs finger or marker to keep place
- ☐ Displays short attention span when reading or copying
- ☐ Too frequently omits words
- ☐ Repeatedly omits "small" words
- ☐ Writes up-hill or down-hill on paper
- ☐ Re-reads or skips lines unknowingly
- ☐ Orients drawings poorly on page

Eye Teaming Abilities

- ☐ Complains of seeing double (diplopia)
- ☐ Repeats letters within words
- ☐ Omits letters, numbers or phrases
- ☐ Misaligns digits in number column
- ☐ Squints, closes or covers one eye
- ☐ Tilts head extremely while working at desk
- ☐ Consistently shows gross postural deviations at all desk activities

Eye-Hand Coordination Abilities

- ☐ Eyes not guiding hand movements properly
- ☐ Writes crookedly and poorly spaced, cannot stay on ruled lines
- ☐ Misaligns both horizontal and vertical series of numbers
- ☐ Uses hands or fingers to keep place on page
- ☐ Uses other hand as "spacer" to control spacing and alignment on page
- ☐ Repeatedly confuses left-right directions

Visual Form Perception

Visual Comparison, Visual Imagery, Visualization

- ☐ Mistakes words with same or similar beginnings
- ☐ Fails to recognize same word in next sentence
- ☐ Reverses letters and/or words in writing or copying
- ☐ Confuses likenesses and minor differences
- ☐ Confuses same word in same sentence
- ☐ Repeatedly confuses similar beginnings and endings of words
- ☐ Fails to visualize what is read either silently or orally
- ☐ Whispers to self for reinforcement while reading silently
- ☐ Returns to "drawing with fingers" to decide likes and differences

Refractive Status

Nearsightedness, Farsightedness, Focus Problems, etc.

- ☐ Comprehension reduces as reading continues; loses interest too quickly
- ☐ Mispronounces similar words as continues reading
- ☐ Blinks excessively at desk tasks and/or reading; not elsewhere
- ☐ Holds book too closely; face too close to desk surface
- ☐ Avoids all possible near-centered tasks

- ☐ **Complains of discomfort in tasks that demand visual interpretation**
- ☐ **Closes or covers one eye when reading or doing desk work**
- ☐ **Makes errors in copying from reference book to notebook**
- ☐ **Squints to see chalkboard, or requests to move nearer**
- ☐ **Rubs eyes during or after short periods of visual activity**

Contact Information

Patient name:

Age:

Contact Name:

Email address:

Home phone: xxx-xxx-xxxx

When you have finished, please click on the Print button only once. If you would like to start over, click the Reset button.

Print Form

Reset