Pediatric Binocular Vision Dysfunction Questionnaire

For ages 4-8

Vision Specialists of Michigan

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| Nam | e: Ema | il: | _ Date: | | _ |
|--|---|---|------------|---------|---------|
| Best Phone Number: Back-Up Phone Number: | | | | - | |
| Directions: Children - answer these questions together with your Parent/Guardian: | | | | | |
| For every question, please answer YES or NO . If you wear glasses, answer the questions assuming that you are wearing them. Answer every question. | | | | | |
| DOE | S YOUR CHILD: | | | / ES | √ NO |
| A. | difficulty reading or learning OR skip letters reverse numbers or words OR lose their place | | s or | | |
| B. | have poor handwriting – poor letter sizing (to lines with an upward or downward slant? | oo big or too small), poor spacing, v | writing | | |
| C. | avoid near activities OR do they act out after activities? | 5-10 minutes if they must perform | near | | |
| D. | sit very close to the TV / monitor / electronic see them? | devices OR pull toys very close to | their face | | |
| E. | have difficulty identify shapes, colors, letters, appropriate? | , numbers and common images tha | at are age | | |
| F. | walk with difficulty (do they sway, trip or fall c climbing on couches or outdoor playscapes? | | R avoid | | |
| G. | have trouble seeing the board, or seeing up | close? | | | |
| H. | have difficulty catching or kicking a ball? | | | | |
| I. | have headaches or stomach aches at school | , pre-school or when away from ho | me? | | |
| J. | have light sensitivity (closes/covers eyes in b | right light) OR not like bright places | s? | | |
| K. | close or cover one eye when doing up close a | activities? | | | |
| L. | have nervousness or anxiety OR gets startled | I often OR is clingy in stores? | | | |
| M. | squint or blink or make faces to "see"? | | | | |

This questionnaire is designed to screen for children who may be having symptoms due to a vision misalignment. Consider an examination by a NeuroVisual Specialist if FOUR or more questions were answered YES.

Fax this document to (248) 499-6372 or email it to support@VSofM.com and we will contact you; or call (248) 258-9000 to schedule an appointment ovision Specialists of Michigan