

SCREENING QUESTIONNAIRE

For Ages 9-13

Binocular Vision Dysfunction / Vertical Heterophoria

Child's Name _____ Parent/Guardian's Name _____ Date _____
 Phone Number _____ Email _____

Directions: *Children - answer these questions together with your Parent/Guardian.* For each of the following questions, please check the answer that best describes your situation. If you wear glasses or contact lenses, answer the questions assuming that you are wearing them.

Always = every day

Frequently = at least once per week

Occasionally = less than once per week

Never = never

ALWAYS
 FREQUENTLY
 OCCASIONALLY
 NEVER

1	Do you have headaches or stomach aches or do you get nervous/anxious at school?				
2	While reading or watching video in a car, do you get a headache or stomach ache or feel unwell?				
3	Do you get sick to your stomach or nauseous on swings or circular rides?				
4	Do you have difficulty playing sports, or doing gymnastics or dance?				
5	Do you have trouble catching baseballs or footballs or Frisbees?				
6	When you are walking, do you bump into people or furniture or door frames?				
7	Are you anxious or nervous?				
8	Does it take you a long time to finish your homework?				
9	Do you have to read the same thing a couple of times to really understand it?				
10	When reading, do you skip lines or lose your place OR do you use a guide (finger, ruler or a piece of paper) to help you keep your place?				
11	When you read, does it look like the letters are moving OR does it seem like words are bumping into each other?				
12	Do bright lights hurt your eyes?				
13	Do you close or cover one eye to make it easier to see?				
14	Do you ever see two of everything (double vision)?				
15	When reading or working on the computer or electronic device, do your eyes feel tired or does your vision get blurry?				
16	When looking at the blackboard at school, do your eyes feel tired or does your vision get blurry?				
TOTALS					

Parent/Guardian: Has your child ever been diagnosed with:

	YES	NO		YES	NO
Learning Disability (LD)?			Migraines or headache?		
Dyslexia?			Traumatic brain injury or concussion?		
Torticollis?			Does your child blink his/her eyes a lot/much more than most children?		
Lazy eye?			Are your child's verbal skills far ahead of his/her reading skills?		
ADD/ADHD?			Has your child ever had an eye operation?		

On an average day, how much are you bothered by symptoms listed here? Rate each symptom from 0 - 10 0 = None of that symptom 10 = Worst	None										Worst												
Dizziness	0	1	2	3	4	5	6	7	8	9	10	Neckache	0	1	2	3	4	5	6	7	8	9	10
Nausea	0	1	2	3	4	5	6	7	8	9	10	Unsteady when walking	0	1	2	3	4	5	6	7	8	9	10
Anxiety	0	1	2	3	4	5	6	7	8	9	10	Sensitivity to light	0	1	2	3	4	5	6	7	8	9	10
Headache	0	1	2	3	4	5	6	7	8	9	10	Reading difficulty	0	1	2	3	4	5	6	7	8	9	10

Please record any additional symptoms your child may be experiencing or specific concerns that you may have about your child's eyes/vision:

<p>How to score this questionnaire: Take your answers from questions 1-16 and multiply them by their score. Add the scores to get a TOTAL score.</p> <p>This questionnaire is designed to identify individuals whose symptoms (ex. headache, dizziness, anxiety, etc.) may be due to vision misalignment. Consider an evaluation by a NeuroVisual Specialist if the score is 10 or greater.</p>	<p>Always = ____ x3 = ____ Frequently = ____ x2 = ____ Occasionally = ____ x1 = ____ Never = ____ x0 = <u>0</u> TOTAL Score: ____</p>	<p>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.</p> <p style="text-align: right; font-size: small;">© Vision Specialists of Michigan</p>
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This questionnaire is designed to screen for those who may have difficulty with vision alignment. The information obtained herein is considered a preliminary result only and does not diagnose or constitute confirmation of any vision problems. It is not a substitute for a NeuroVisual examination. Since vision changes can occur without visible indications, most eye care professionals and medical authorities recommend a vision exam annually.