

CHILD QUESTIONNAIRE

Please mark **Y/N** for yes/no and **underline** the specific items that apply.

Name: _____ Date of Birth: _____

Address: _____ Post code: _____

Tel and mobile: _____ Email address: _____

EDUCATION

- 1 Which school does your child attend?
- 2 Which year are they in at school?
- 3 Has your child been diagnosed as dyslexic or with a Specific Learning Disorder?

DEVELOPMENTAL & HEALTH

- Was the birth unusual in any way? Early/late/quick/slow labour/forceps/caesarean etc.
 - Were there any delays in early development eg. Crawling etc.
3. Does your child suffer from recurring ear infections?
 4. Do they have/had any health problems?

VISUAL HISTORY

Have they had any eye examinations with an optometrist/ optician in the last 2 years? If yes, approximately when?

Do they wear glasses?

Do you know the prescription? Right: ____ Left: ____

VISUAL SIGNS AND SYMPTOMS

(Are **any** of the following noticed when reading?)

1. Tiredness or sleepiness
 - Blurring of print
 - Doubling of print
 - Watery or red eyes
 - Headaches /pain around eyes
6. Excessive rubbing or blinking of the eyes
7. A need to move very close to the page
8. Words, on the page are just too small?
9. Any difficulty seeing the interactive/ white board comfortably or clearly?

Do they ever experience the following when reading or writing?

1. Skip or re read words/lines or phrases
2. Use a finger/marker when reading
3. Lose their place often when reading
4. Repeatedly omit “small” words?
5. See letters/lines “float” “move” “run together” or “jump.”

Underline any of the headings listed below which are of concern to you or your child.

handwriting mathematics general co-ordination/sport skills

reading speed	reading comprehension	listening	concentration
spelling	speech	energy levels	copying skills

Please Email this questionnaire back to us at Dominic Tunnell prior to your appointment. Thank you.

Dominic Tunnell Opticians
Reception@tunnellvision.co.uk
Tel: 01905 613 020

Please bring your glasses and/or any contact lenses to your appointment. Thank you.

Please use the space below to detail any other relevant points related to the eye examination or any other concerns.