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|  | **Questions on eye and vision history**  | **Comments and notes**  |
| 1 | Have you any history of visual difficulties / problems with sight / visual impairment?  |  |
| 2 | When did you last have a sight-test by an optometrist (“optician”)?  |   |
| 3 | Was any prescription made? **YES / NO** If **YES**, were you 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**? If **YES**, do you wear the prescribed glasses / contact lenses? **YES / NO** If **NO**, why not?  |  |
| 4 | If YES, do you have the prescribed glasses/contact lenses with you today?  | Prescribed glasses/contact lenses should be worn for a SpLD assessment, unless intended for distance use only.  |
| 5 | Have you ever used coloured overlays / colour-tinted glasses? **YES/NO**  If **YES**, Who advised and provided them? Why were they recommended? Did they help? If **YES**, in what way? Do you still use them? If not, why not?  |  |
| **Questions on reading / near work activity**  |
| 6 | Approximately how many hours per working/study day do you spend at a screen (phone, tablet, computer) etc?  |  |
| 7 | Approximately how many additional hours per working /study day do you spend reading books, newspapers, comics or other paper-based texts?  |  |
| 8 | Has your screen /reading /near work time increased recently? If so, by how much?  |  |

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|  |  **Visual Difficulties Questionnaire (post - 16 years)\***  | Never | Rarely | Sometimes | Often | Always |
| 1  | Do you get headaches when you read?  |  |  |  |  |  |
| 2  | Does reading make your eyes feel sore, gritty or watery?  |  |  |  |  |  |
| 3  | Does reading make you feel tired or sleepy?  |  |  |  |  |  |
| 4  | Do you become restless or fidgety or distracted when reading?  |  |  |  |  |  |
| 5  | Do you become less comfortable the longer you read?  |  |  |  |  |  |
| 6  | When do you prefer dim light to brighter light for reading?  |  |  |  |  |  |
| 7  | Does reading from white paper seem too bright or glaring?  |  |  |  |  |  |
| 8  | Do parts of the white page between the words form patterns when you read?  |  |  |  |  |  |
| 9 | Does the print or background shimmer or appear coloured as you read?  |  |  |  |  |  |
| 10 | Does print appear to jitter or move on the page as you read? |  |  |  |  |  |
| 11 | Do you screw your eyes up when reading? |  |  |  |  |  |
| 12 | Do you rub your eyes to relieve the strain when you are reading? |  |  |  |  |  |
| 13 | Do you move your eyes around or blink to keep text clear when you read? |  |  |  |  |  |
| 14 | Do you use a marker or your finger to stop you losing the place when you read? |  |  |  |  |  |
| 15  | Do you cover or close one eye when reading?  |  |  |  |  |  |
| 16  | Do you lose your place when reading?  |  |  |  |  |  |
| 17  | Do you re-read or skip words or lines when reading?  |  |  |  |  |  |
| 18  | Does text appear blurred, or go in and out of focus, when you read?  |  |  |  |  |  |
| 19  | Do objects in the distance appear more blurred after you have been reading?  |  |  |  |  |  |
| 20 | Do the words, page or book appear double when you are reading? |  |  |  |  |  |
| **\*N.B. Response categories for this protocol: Always = every day. Often = several times a week but not necessarily every day.** **Sometimes = 2-3 times a month. Rarely = only once every few months / a year.** |