

Pediatric Eye Questionnaire

PedEyeQ

CHILD Instructions

This questionnaire asks questions about how your eyes may affect you in your everyday life.

Think about the last month and **circle** ONE answer that best matches how you feel.

Example:

Are there certain things you can't do because of your eyes?	Never 2	Sometimes 1	All the time 0
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It's important to answer every question, even if you're not sure. Circle the answer you think is best. There is no right or wrong answer. This is not a test!

If you have questions or are having trouble with any part of this questionnaire, please ask _____ for help.



Child 5-11 years Functional Vision

**If you normally wear glasses or contact lenses, answer as if you ARE wearing them.
Thinking about the last month...**

1) Do your eyes make it hard to learn?	Never 2	Sometimes 1	All the time 0
2) Do you have a hard time seeing?	Never 2	Sometimes 1	All the time 0
3) Do you have to do things differently than other people because of your eyes?	Never 2	Sometimes 1	All the time 0
4) Do your eyes make it hard to concentrate?	Never 2	Sometimes 1	All the time 0
5) Do your eyes make it hard to do certain things?	Never 2	Sometimes 1	All the time 0
6) Do you have trouble reading close-up?	Never 2	Sometimes 1	All the time 0
7) Do you have to do certain things to help you see better?	Never 2	Sometimes 1	All the time 0
8) Is it hard to see the board at school?	Never 2	Sometimes 1	All the time 0
9) Do you run into things because of your eyes?	Never 2	Sometimes 1	All the time 0
10) Do your eyes get tired easily?	Never 2	Sometimes 1	All the time 0



Child 5-11 years Bothered by Eyes / Vision

If you normally wear glasses or contact lenses, answer as if you ARE wearing them.
Thinking about the last month...

1) Does it bother you because your eyes make it hard to learn?	Never 2	Sometimes 1	All the time 0
2) Does it bother you because your eyes make it hard to play sports?	Never 2	Sometimes 1	All the time 0
3) Does it bother you because you have a hard time seeing?	Never 2	Sometimes 1	All the time 0
4) Does it bother you that you can't do certain things because of your eyes?	Never 2	Sometimes 1	All the time 0
5) Does it bother you because your eyes make it hard to do certain things?	Never 2	Sometimes 1	All the time 0
6) Does it bother you because it's hard to see the board at school?	Never 2	Sometimes 1	All the time 0
7) Does it bother you because it's hard to see steps when you walk?	Never 2	Sometimes 1	All the time 0
8) Does it bother you that bright light makes it hard to do things outside?	Never 2	Sometimes 1	All the time 0
9) Is taking care of your eye condition hard for you?	Never 2	Sometimes 1	All the time 0
10) Does it bother you because your eyes hurt?	Never 2	Sometimes 1	All the time 0



Child 5-11 years Social

**If you normally wear glasses or contact lenses, answer as if you ARE wearing them.
Thinking about the last month...**

1) Does it bother you that it's hard to play/interact with others because of your eyes?	Never 2	Sometimes 1	All the time 0
2) Does your eye condition cause problems in your family?	Never 2	Sometimes 1	All the time 0
3) Are you shy because of your eyes?	Never 2	Sometimes 1	All the time 0
4) Do other people get frustrated with you because of your eyes?	Never 2	Sometimes 1	All the time 0
5) Do you get teased because of your eyes?	Never 2	Sometimes 1	All the time 0
6) Do you worry about getting hurt because of your eyes?	Never 2	Sometimes 1	All the time 0
7) Do you worry about your eyes getting worse?	Never 2	Sometimes 1	All the time 0
8) Do you worry about what other people think about you because of your eyes?	Never 2	Sometimes 1	All the time 0
9) Do you worry about getting teased because of your eyes?	Never 2	Sometimes 1	All the time 0
10) Do you worry about your eyes?	Never 2	Sometimes 1	All the time 0



Child 5-11 years Frustration / Worry

If you normally wear glasses or contact lenses, answer as if you ARE wearing them.
Thinking about the last month...

1) Are you bothered by the things you have to do to make your eyes better?	Never 2	Sometimes 1	All the time 0
2) Do your eyes make you feel unsure of yourself?	Never 2	Sometimes 1	All the time 0
3) Are you frustrated because your eyes aren't getting better?	Never 2	Sometimes 1	All the time 0
4) Does it bother you when other people say things or ask questions about your eyes?	Never 2	Sometimes 1	All the time 0
5) Do you feel "different" because of your eyes?	Never 2	Sometimes 1	All the time 0
6) Does it bother you that you get extra attention because of your eyes?	Never 2	Sometimes 1	All the time 0
7) Do you feel left out because of your eyes?	Never 2	Sometimes 1	All the time 0
8) Do you worry that your eyes will make it hard to do things when you're older?	Never 2	Sometimes 1	All the time 0
9) Do you worry about not being able to do things because of your eyes?	Never 2	Sometimes 1	All the time 0
10) Do you worry about what you might have to do to make your eyes better?	Never 2	Sometimes 1	All the time 0

Pediatric Eye Questionnaire

PedEyeQ

PARENT Instructions

This questionnaire asks questions about how your child's eyes may affect you and your child in your everyday lives.

Think about the last month and **circle** ONE answer that best matches how you feel.

Example:

Are there certain things you can't do because of your child's eyes?	Never 2	Sometimes 1	All the time 0
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It's important to answer every question, even if you're not sure. Circle the answer you think is best. There is no right or wrong answer. This is not a test!

If you have questions or are having trouble with any part of this questionnaire, please ask _____ for help.



Proxy 5-11 years Functional Vision

**If your child normally wears glasses or contact lenses, answer as if they ARE wearing them.
Thinking about the last month...**

1) Do your child's eyes make it hard for them to play sports?	Never 2	Sometimes 1	All the time 0
2) Does your child have a hard time seeing?	Never 2	Sometimes 1	All the time 0
3) Are there certain things your child can't do because of their eyes?	Never 2	Sometimes 1	All the time 0
4) Does your child need help with certain things because of their eyes?	Never 2	Sometimes 1	All the time 0
5) Does your child have to do things differently than other people because of their eyes?	Never 2	Sometimes 1	All the time 0
6) Do your child's eyes make it hard for them to concentrate?	Never 2	Sometimes 1	All the time 0
7) Do your child's eyes make it hard to do certain things?	Never 2	Sometimes 1	All the time 0
8) Is it hard for your child to see the board at school?	Never 2	Sometimes 1	All the time 0
9) Does your child run into things because of their eyes?	Never 2	Sometimes 1	All the time 0
10) Do your child's eyes get tired easily?	Never 2	Sometimes 1	All the time 0



Proxy 5-11 years Bothered by Eyes / Vision

**If your child normally wears glasses or contact lenses, answer as if they ARE wearing them.
Thinking about the last month...**

1) Does it bother your child because they have to do things differently than other people because of their eyes?	Never 2	Sometimes 1	All the time 0
2) Does it bother your child because their eyes make it hard to play sports?	Never 2	Sometimes 1	All the time 0
3) Does it bother your child because they have a hard time seeing?	Never 2	Sometimes 1	All the time 0
4) Does it bother your child to need special help at school because of their eyes?	Never 2	Sometimes 1	All the time 0
5) Does it bother your child that they can't do certain things because of their eyes?	Never 2	Sometimes 1	All the time 0
6) Does it bother your child that they run into things because of their eyes?	Never 2	Sometimes 1	All the time 0
7) Does it bother your child because their eyes get tired easily?	Never 2	Sometimes 1	All the time 0
8) Does it bother your child because their eyes make it hard to do certain things?	Never 2	Sometimes 1	All the time 0
9) Does it bother your child that it's hard to play/interact with others because of their eyes?	Never 2	Sometimes 1	All the time 0
10) Does your child feel left out because of their eyes?	Never 2	Sometimes 1	All the time 0



Proxy 5-11 years Social

**If your child normally wears glasses or contact lenses, answer as if they ARE wearing them.
Thinking about the last month...**

1) Do your child's eyes make them feel unsure of themselves?	Never 2	Sometimes 1	All the time 0
2) Does it bother your child when other people say things or ask questions about their eyes?	Never 2	Sometimes 1	All the time 0
3) Does your child feel "different" because of their eyes?	Never 2	Sometimes 1	All the time 0
4) Does it bother your child that they get extra attention because of their eyes?	Never 2	Sometimes 1	All the time 0
5) Does it bother your child when people look/stare at them because of their eyes?	Never 2	Sometimes 1	All the time 0
6) Does your child get teased because of their eyes?	Never 2	Sometimes 1	All the time 0
7) Does your child worry about what other people think about them because of their eyes?	Never 2	Sometimes 1	All the time 0
8) Does your child worry about getting teased because of their eyes?	Never 2	Sometimes 1	All the time 0

Name: _____ Age: _____ MR #: _____ Date: _____



Proxy 5-11 years Frustration / Worry

If your child normally wears glasses or contact lenses, answer as if they ARE wearing them.
Thinking about the last month...

1) Is your child frustrated because their eyes aren't getting better?	Never 2	Sometimes 1	All the time 0
2) Does your child worry about their eyes getting worse?	Never 2	Sometimes 1	All the time 0
3) Does your child worry that their eyes will make it hard to do things when they're older?	Never 2	Sometimes 1	All the time 0
4) Does your child worry about not being able to do things because of their eyes?	Never 2	Sometimes 1	All the time 0
5) Does your child worry about their eyes?	Never 2	Sometimes 1	All the time 0

Name: _____ Age: _____ MR #: _____ Date: _____



Proxy 5-11 years Eyecare

If your child normally wears glasses or contact lenses, answer as if they ARE wearing them.
Thinking about the last month...

1) Does it bother your child to have to protect their eyes?	Never 2	Sometimes 1	All the time 0
2) Does it bother your child to have to do certain things to help them see better?	Never 2	Sometimes 1	All the time 0
3) Is your child bothered by the things they have to do to make their eyes better?	Never 2	Sometimes 1	All the time 0
4) Does your child hate going to the eye doctor?	Never 2	Sometimes 1	All the time 0
5) Is taking care of their eye condition hard for your child?	Never 2	Sometimes 1	All the time 0
6) Does your child worry about what they might have to do to make their eyes better?	Never 2	Sometimes 1	All the time 0



Parent Impact on Parent and Family

**If your child normally wears glasses or contact lenses, answer as if they ARE wearing them.
Thinking about the last month...**

1)	Do you feel different from other parents because of your child's eye condition?	Never 2	Sometimes 1	All the time 0
2)	Does taking care of your child's eye condition cause stress on your family?	Never 2	Sometimes 1	All the time 0
3)	Is it difficult to ensure that your child receives the help they need because of their eye condition?	Never 2	Sometimes 1	All the time 0
4)	Is it hard because you need to be more involved in your child's schooling because of their eye condition?	Never 2	Sometimes 1	All the time 0
5)	Does it bother you to have to change how you do things because of your child's eye condition?	Never 2	Sometimes 1	All the time 0
6)	Does it bother you that you can't do certain things because of your child's eye condition?	Never 2	Sometimes 1	All the time 0
7)	Is it hard because it takes extra time to do things because of your child's eye condition?	Never 2	Sometimes 1	All the time 0
8)	Is it hard work having to explain your child's eye condition to others?	Never 2	Sometimes 1	All the time 0
9)	Is it hard because you have to attend frequent eye exams for your child?	Never 2	Sometimes 1	All the time 0
10)	Is it hard because your child needs more supervision because of their eye condition?	Never 2	Sometimes 1	All the time 0



Parent Worry About Child's Eye Condition

**If your child normally wears glasses or contact lenses, answer as if they ARE wearing them.
Thinking about the last month...**

1) Does it bother you that your child has an eye condition?	Never 2	Sometimes 1	All the time 0
2) Does it bother you that your child doesn't see well out of one or both eyes?	Never 2	Sometimes 1	All the time 0
3) Does it bother you that your child's eye condition causes physical discomfort?	Never 2	Sometimes 1	All the time 0
4) Do you worry about your child getting upset because of their eye(s)?	Never 2	Sometimes 1	All the time 0
5) Do you worry about your child's eye condition getting worse?	Never 2	Sometimes 1	All the time 0
6) Do you worry about your child's future because of their eye condition?	Never 2	Sometimes 1	All the time 0
7) Do you worry about protecting your child's eye(s)?	Never 2	Sometimes 1	All the time 0
8) Do you worry about your child's safety because of their eye condition?	Never 2	Sometimes 1	All the time 0
9) Do you worry about the treatment(s) your child may need for their eye condition?	Never 2	Sometimes 1	All the time 0
10) Do you worry that you don't fully understand your child's eye condition?	Never 2	Sometimes 1	All the time 0



Parent Worry About Self-perception and Interactions

If your child normally wears glasses or contact lenses, answer as if they ARE wearing them.
Thinking about the last month...

1) Are you bothered by your child's appearance because of their eye condition?	Never 2	Sometimes 1	All the time 0
2) Does it bother you when others say things about your child's eye condition?	Never 2	Sometimes 1	All the time 0
3) Does it bother you when others look/stare at your child because of their eye condition?	Never 2	Sometimes 1	All the time 0
4) Do you worry about your child being "different" because of their eye condition?	Never 2	Sometimes 1	All the time 0
5) Do you worry about your child getting teased because of their eye condition?	Never 2	Sometimes 1	All the time 0
6) Do you worry about your child's eye condition affecting them socially?	Never 2	Sometimes 1	All the time 0
7) Do you worry about your child's self-esteem because of their eye condition?	Never 2	Sometimes 1	All the time 0



Parent Worry About Functional Vision

**If your child normally wears glasses or contact lenses, answer as if they ARE wearing them.
Thinking about the last month...**

1)	Does it bother you that your child can't do certain things because of their eye condition?	Never 2	Sometimes 1	All the time 0
2)	Do you worry about your child being unable to do certain things because of their eye condition?	Never 2	Sometimes 1	All the time 0
3)	Do you worry about your child having a hard time reading because of their eye condition?	Never 2	Sometimes 1	All the time 0
4)	Do you worry about your child's eye condition affecting their development?	Never 2	Sometimes 1	All the time 0
5)	Do you worry about your child's eye condition affecting their learning?	Never 2	Sometimes 1	All the time 0
6)	Do you worry about your child's depth perception?	Never 2	Sometimes 1	All the time 0
7)	Does it bother you when others aren't patient with your child's eye related needs?	Never 2	Sometimes 1	All the time 0
8)	Is it hard because your child's eye condition affects their behavior?	Never 2	Sometimes 1	All the time 0