



Redmond Town Center 7330 164th Ave NE Suite E150 Redmond, WA 98052
 Phone: (425) 869-2337 Fax: (425) 376-2627
Overlake Plaza 2040 148th Ave NE Redmond, WA 98052
 Phone: (425) 641-9202 Fax: (425) 641-9204

Youth Functional Vision Questionnaire

LEE _ / _ / _

Patient's Name _____ Date _____

Patient's Age _____ School Grade _____

Parent/Guardian's Name _____

School

Age at start of pre-school _____ Kindergarten _____ Does your child like school? Yes No

Has a grade been repeated? Yes No. If yes, which grade and why? _____

Has your child had any special tutoring, therapy, or remedial assistance? Yes No

Does your child like to read? Yes No Does your child read for pleasure? Yes No

Please discuss with your child:

Headaches	Yes No	_____
Blurred vision/focus goes in and out	Yes No	_____
Double vision	Yes No	_____
Eyes hurt	Yes No	_____
Words move around on the page	Yes No	_____
Motion sickness/car sickness	Yes No	_____
Dizziness	Yes No	_____

Have you or anyone else ever noticed the following:

Eyes frequently red	Yes No	_____
Frequent eye rubbing	Yes No	_____
Frequent styes	Yes No	_____
Bothered by light	Yes No	_____
Frequent blinking	Yes No	_____
Closing or covering one eye	Yes No	_____
Difficulty seeing distant objects	Yes No	_____
Head close to paper when reading	Yes No	_____
Prefers being read to	Yes No	_____



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Tilts head when reading	Yes	No	_____
Tilts head when writing	Yes	No	_____
Moves head when reading	Yes	No	_____
Confuses letters or words	Yes	No	_____
Reverses letters or words	Yes	No	_____
Confuses right and left	Yes	No	_____
Skips, rereads or omits words	Yes	No	_____
Loses place when reading	Yes	No	_____
Vocalizes when reading silently	Yes	No	_____
Reads slowly	Yes	No	_____
Uses finger as a marker	Yes	No	_____
Poor reading comprehension	Yes	No	_____
Comprehension decreases over time	Yes	No	_____
Writes or prints poorly	Yes	No	_____
Writes neatly but slowly	Yes	No	_____
Awkward or immature pencil grip	Yes	No	_____
Frequent erasures	Yes	No	_____
Tires easily when reading	Yes	No	_____
Difficulty copying from board	Yes	No	_____
Difficulty recognizing same work on different page	Yes	No	_____
Difficulty with memory	Yes	No	_____
Responds better verbally than by writing	Yes	No	_____
Seems to know material but scores poorly on tests	Yes	No	_____
Dislikes/avoids near tasks	Yes	No	_____
Short attention span/loses interest	Yes	No	_____
Poor large motor coordination	Yes	No	_____
Poor fine motor coordination	Yes	No	_____
Dislikes/avoids sports	Yes	No	_____
Difficulty catching/hitting a ball	Yes	No	_____

Comments:
