IXT SYMPTOM SURVEY

Patient ID: _____

Instructions for Clinical Staff

Children should be positioned such that they are unable to view their parents during testing and parents should be advised not to influence their child's responses.

For each question, clinic staff will read the question and record the child's response. Children can use the accompanying matching card or can respond verbally.

Each question should be answered. If the child does not appear to understand a question, clinic staff should repeat the question verbatim. Clinic staff should not try to explain the question or elaborate on the question, but should encourage the child to choose the answer that best reflects how he/she feels.

Before proceeding, clinic staff should read the following instructions aloud to the child and should present the sample question to determine whether the child understands the test. If the child does not understand the sample question, indicate that the survey will not be completed because the child does not understand the sample question.

Instructions for Interviewer

I am going to ask you some questions about some things that you might notice about your eyes. I would like to know how much you notice any of these things. There are no right or wrong answers. Choose the answer that is closest to how you feel.

If you are not sure how to answer, please choose the answer you think is best.

I am going to read each question and then you can point to the picture to show me how much you notice it.

If you never notice it, point to the smiling face 

If you notice it sometimes, point to the middle face 

If you notice it all the time, point to the sad face 

Let's try a practice question:

Is it hard for you to play with toys?

Never	Sometimes	All the time
		

INTERMITTENT EXOTROPIA SYMPTOM SURVEY

IXT SYMPTOM SURVEY

Patient ID: _____

For completion by Clinic Staff

Indicate the following:

☐ The IXT SYMPTOM SURVEY **will NOT** be completed.
If not completed, enter reason not completed: _____

If completed:

Date:__ __ / __ __ / __ __

1) Do your eyes hurt?

Never	Sometimes	All the time
		

2) Do your eyes feel funny?

Never	Sometimes	All the time
		

3) Do you have double vision (do you see two of things when you know there is really only one)?

Never	Sometimes	All the time
		

4) Is it hard for you to stare at things?

Never	Sometimes	All the time
		

5) Do you have problems with your eyes in the sun?

Never	Sometimes	All the time
		

6) Do your eyes go in and out?

Never	Sometimes	All the time
		

7) Is it hard to focus your eyes?

Never	Sometimes	All the time