

## PATCHING QUESTIONNAIRE

Date Form Completed \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm/dd/yy

This questionnaire asks you for your feelings about your child's vision and your difficulties in treating your child with patching. There are no right or wrong answers. The information you provide will be kept strictly confidential.

### INSTRUCTIONS:

1. This questionnaire is meant for the child's parent or guardian who is responsible for seeing that the child wears the patch. If you are not the parent or guardian or you do not frequently put on the patch, please answer the questions on this page and you do not need to complete the rest of the questionnaire.
2. Please try to answer every question. If a question does not apply to you or your child, mark the "not applicable" choice.
3. Please ask the clinic staff if you have any questions.
4. Once you have completed the questionnaire, fold it and put it in the envelope provided, seal the envelope, and give it to the clinic staff. It will go directly to the center that collects the data from the study in Tampa, Florida, and will not be reviewed by your child's eye doctor or the clinic personnel.

### A. What is your relationship with the child?

Mother          Father          Other: \_\_\_\_\_

### B. Are you involved in putting on the patch and seeing that the child wears the patch?    Yes    No

### C. Who is the person in your family who is most responsible for putting and keeping the patch on the child?

Mother          Father          Other: \_\_\_\_\_

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### D. How often are you the one who patches the child?

All of the time          Most of the time          About 1/2 of the time          Some, but less than 1/2 of the time          None of the time

*If you answered 'No' to question B above, you can STOP here.*

*If you answered 'Yes' to question B above, please continue to the next page.*

*The questions below ask you to describe your feelings. While you may not find an answer which exactly states your feelings, please mark the answer which comes closest to describing how you feel. Your first reaction to each question should be your answer.*

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
1.	My child does not seem to mind wearing the patch once it is on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	I worry that by wearing the patch, my child may miss out on fun activities (such as games and parties).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Wearing the patch affects my child's learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Wearing the patch makes it hard for my child to play outside, such as running, jumping, or riding a bike or tricycle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	I have trouble putting on my child's patch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Wearing the patch is a source of tension or conflict in my relationship:						
	with my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	with another family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	with my child's babysitter or teacher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Wearing the patch makes it difficult for my child to draw, color, or write.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	I worry that my child will become injured when wearing the patch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	My child can see well when wearing the patch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Applicable
10.	My child complains when it is time to wear the patch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Wearing the patch makes my child's eye or eyelids red or irritated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	I worry that my child does not wear the patch enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	My child is more clumsy and uncoordinated than usual when wearing the patch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	I notice that other children stare at my child when the patch is on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	I believe that wearing the patch will improve my child's vision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Wearing the patch makes it difficult for my child to play with blocks or toys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	I sometimes forget to put the patch on my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	I worry that wearing the patch will make my child feel different from other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	I have trouble keeping the patch on my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p><b>Please tell us any thoughts on your child's treatment with patching that were not covered in the questions.</b></p>