

# 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 0-4 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 learn?	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 for them to do certain things?	Never 2	Sometimes 1	All the time 0
8) Is it hard for your child to play/interact with others because of their eyes?	Never 2	Sometimes 1	All the time 0
9) Is it hard for your child to see steps when they walk?	Never 2	Sometimes 1	All the time 0
10) Does your child run into things because of their eyes?	Never 2	Sometimes 1	All the time 0



## Proxy 0-4 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 that they need help with certain things because of their eyes?	Never 2	Sometimes 1	All the time 0
2) 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
3) Does it bother your child because their eyes make it hard to learn?	Never 2	Sometimes 1	All the time 0
4) Does it bother your child because they have a hard time seeing?	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 because their eyes make it hard to concentrate?	Never 2	Sometimes 1	All the time 0
7) Does it bother your child because their eyes make it hard to do certain things?	Never 2	Sometimes 1	All the time 0
8) Does it bother your child to have to do certain things to help them see better?	Never 2	Sometimes 1	All the time 0
9) Is your child bothered by the things they have to do to make their eyes better?	Never 2	Sometimes 1	All the time 0
10) Does your child get upset because of their eyes?	Never 2	Sometimes 1	All the time 0



**Proxy 0-4 years  
Social**

**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 that bright light makes it hard to do things outside?	Never 2	Sometimes 1	All the time 0
2) Is your child bothered by how their eyes look?	Never 2	Sometimes 1	All the time 0
3) Do your child's eyes make them feel unsure of themselves?	Never 2	Sometimes 1	All the time 0
4) Does your child feel "different" because of their eyes?	Never 2	Sometimes 1	All the time 0
5) Does it bother your child that they get extra attention because of their eyes?	Never 2	Sometimes 1	All the time 0
6) Does it bother your child when people look/stare at them because of their eyes?	Never 2	Sometimes 1	All the time 0
7) Is it hard for your child to make friends because of their eyes?	Never 2	Sometimes 1	All the time 0
8) Is your child shy because of their eyes?	Never 2	Sometimes 1	All the time 0
9) Does your child feel left out because of their eyes?	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...**

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