

UH NEAR Survey for Children (Page 1 of 3)

PART ONE: PATIENT PROFILE

What is your child's name? _____

What is your child's age? _____ years old

Is your child of Hispanic, Latino or Spanish origin or descent?

- Yes, Hispanic, Latino or Spanish
 No, not Hispanic, Latino or Spanish

Please select the sex of your child:

- Male Female

Which race best describes your child (select all that apply):

- White/Caucasian Black/African American
 American Indian or Alaskan Native
 Asian/Pacific Island Other: _____

LIVING ENVIRONMENT

Was your child born in the United States? Yes No *If no, what country were they born?* _____

Does your child currently live in the United States? Yes No

If yes, in what city and state does your child live? (example: Houston, Texas) _____

If no, in what city and country does your child live? (example: London, England) _____

In what type of housing does your child live? Apartment House Townhome Condominium Other: _____

What type of community does your child live? Urban (in a city) Suburban (nearby to a city) Rural (in open spaces)

EDUCATIONAL BACKGROUND

What type of school does your child attend? Public Private Homeschool Other (please specify): _____

What is your child's current grade? (circle)

K 1 2 3 4 5 6 7 8 9 10 11 12

What are your child's average grades in school? (circle)

A B C D F unsure

VISUAL HISTORY – PARENTS

Does the biological MOTHER wear glasses or contact lenses?

- Yes No Unsure

If yes, at what age did the mother start? _____ years old

If yes, is the correction for seeing:

- Distance (nearsighted) Near (farsighted) Both Unsure

Does the biological FATHER wear glasses or contact lenses?

- Yes No Unsure

If yes, at what age did the father start? _____ years old

If yes, is the correction for seeing:

- Distance (nearsighted) Near (farsighted) Both Unsure

VISUAL HISTORY – CHILD

Has your child had an eye exam before? Yes No

If yes, at what age did the first examination take place? _____

Has your child had an eye exam within the last year? Yes No

Does your child wear glasses or contact lenses? Yes No

If yes, at what age did your child start? _____ years old

If yes, is the correction for: Distance Near Both Unsure

If yes, is your child's prescription getting worse each year?

- Yes No Unsure

If known, please enter your child's prescription here, to the best of your ability. If unknown, leave the below table blank:

Rx	Sphere (SPH)	Cylinder (CYL)	Axis	ADD
OD (right eye)				
OS (left eye)				

Has your child undergone the following ocular procedures? (Select all that apply.)

- Myopia control contact lenses (orthokeratology or multifocal)
 Myopia control glasses (Miyosmart, DIMS, Stellest, SightGlass)
 Eye drops to treat myopia Cataract removal
 LASIK or other laser refractive correction Unsure None
 Other (please specify): _____

Is there anything else related to your child's eyes or vision that you would like to share?

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PART TWO: ACTIVITIES DURING THE SCHOOL YEAR

Please estimate and mark the number of hours PER DAY your child spends involved in these various activities DURING THE SCHOOL YEAR, when your child is NOT in school, on a typical school weekday (Monday-Friday) and a typical school weekend day (Saturday-Sunday). For example, if your child spends 3 hours on a weekday and 2.5 hours on a weekend day doing an activity, please mark it like this:



DURING THE SCHOOL YEAR, how many hours per day does your child spend...

	Hours per WEEK DAY	Hours per WEEKEND DAY
1. ...in outdoor physical activities <u>during the daytime</u> (sports, swimming, walking, biking, running)?		
2. ...in outdoor leisure activities <u>during the daytime</u> (eating, sitting, or resting outdoors)?		
3. ...in a vehicle <u>during the daytime</u> (car, bus or train)?		
4. ...in indoor physical activities (exercise, sports, martial arts)?		
5. ...viewing a TV screen (movies, video games on a TV)?		
6. ...viewing a computer screen (classes, homework, browsing, computer games)?		
7. ...viewing a handheld electronic device (smartphone, tablet, handheld video games, Kindle)?		
8. ...reading printed material (books, homework, newspaper, magazines)?		
9. ...writing, drawing, painting, or crafting?		
10. ...playing card or board games (not electronic)?		
11. How many hours of sleep does your child get per night?		

PART THREE: ACTIVITIES DURING THE SUMMER

Please estimate and mark the number of hours PER DAY your child spends involved in these various activities DURING THE SUMMER, for a typical weekday (Monday-Friday) and a typical weekend day (Saturday-Sunday). For example, if your child spends 3 hours on a weekday and 2.5 hours on a weekend day doing an activity, please mark it like this:



DURING A TYPICAL SUMMER, how many hours per day does your child spend...

	Hours per WEEK DAY	Hours per WEEKEND DAY
1. ...in outdoor physical activities <u>during the daytime</u> (sports, swimming, walking, biking, running)?		
2. ...in outdoor leisure activities <u>during the daytime</u> (eating, sitting, or resting outdoors)?		
3. ...in a vehicle <u>during the daytime</u> (car, bus or train)?		
4. ...in indoor physical activities (exercise, sports, martial arts)?		
5. ...viewing a TV screen (movies, video games on a TV)?		
6. ...viewing a computer screen (classes, homework, browsing, computer games)?		
7. ...viewing a handheld electronic device (smartphone, tablet, handheld video games, Kindle)?		
8. ...reading printed material (books, homework, newspaper, magazines)?		
9. ...writing, drawing, painting, or crafting?		
10. ...playing card or board games (not electronic)?		
11. How many hours of sleep does your child get per night?		