

# SCREENING QUESTIONNAIRE

## Binocular Vision Dysfunction Questionnaire (BVDQ™)

For Ages 9-13

Child's Name \_\_\_\_\_ Parent/Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Directions:** Children - answer these questions together with your Parent/Guardian. For each of the following questions, please check the answer that best describes your situation. If you wear glasses or contact lenses, answer the questions assuming that you are wearing them.

**Always** = every day

**Frequently** = at least once per week

**Occasionally** = less than once per week

**Never** = never

ALWAYS  
FREQUENTLY  
OCCASIONALLY  
NEVER

		ALWAYS	FREQUENTLY	OCCASIONALLY	NEVER
1	Do you have headaches or stomach aches or do you get nervous/anxious at school?				
2	While reading or watching video in a car, do you get a headache or stomach ache or feel unwell?				
3	Do you get sick to your stomach or nauseous on swings or circular rides?				
4	Do you have difficulty playing sports, or doing gymnastics or dance?				
5	Do you have trouble catching baseballs or footballs or Frisbees?				
6	When you are walking, do you bump into people or furniture or door frames?				
7	Are you anxious or nervous?				
8	Does it take you a long time to finish your homework?				
9	Do you have to read the same thing a couple of times to really understand it?				
10	When reading, do you skip lines or lose your place OR do you use a guide (finger, ruler or a piece of paper) to help you keep your place?				
11	When you read, does it look like the letters are moving OR does it seem like words are bumping into each other?				
12	Do bright lights hurt your eyes?				
13	Do you close or cover one eye to make it easier to see?				
14	Do you ever see two of everything (double vision)?				
15	When reading or working on the computer or electronic device, do your eyes feel tired or does your vision get blurry?				
16	When looking at the blackboard at school, do your eyes feel tired or does your vision get blurry?				
<b>TOTALS</b>					

**Parent/Guardian: Has your child ever been diagnosed with:**

	YES	NO		YES	NO
Learning Disability (LD)?			Migraines or headache?		
Dyslexia?			Traumatic brain injury or concussion?		
Torticollis?			Does your child blink his/her eyes a lot/much more than most children?		
Lazy eye?			Are your child's verbal skills far ahead of his/her reading skills?		
ADD/ADHD?			Has your child ever had an eye operation?		

On an average day, how much are you bothered by symptoms listed here? Rate each symptom from 0 -10 0 = None of that symptom 10 = Worst		None										Worst									
		0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8
	Dizziness																				
	Nausea																				
	Anxiety																				
	Headache																				
	Neckache																				
	Unsteady when walking																				
	Sensitivity to light																				
	Reading difficulty																				
	Sound sensitivity																				

**How to score this questionnaire:**

Take your answers from questions 1-16 and multiply them by their score. Add the scores to get a TOTAL score.

Always = \_\_\_\_ x3 = \_\_\_\_  
 Frequently = \_\_\_\_ x2 = \_\_\_\_  
 Occasionally = \_\_\_\_ x1 = \_\_\_\_  
 Never = \_\_\_\_ x0 = \_\_\_\_

**TOTAL** Score: \_\_\_\_

This questionnaire is designed to identify individuals whose symptoms (ex. headache, dizziness, anxiety, etc.) may be due to vision misalignment. Consider an evaluation by a NeuroVisual Specialist if the score is 10 or greater.

Please record any additional symptoms your child may be experiencing or specific concerns that you may have about your child's eyes/vision:

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This questionnaire is designed to screen for those who may have difficulty with vision alignment. The information obtained herein is considered a preliminary result only and does not diagnose or constitute confirmation of any vision problems. It is not a substitute for a NeuroVisual examination. Since vision changes can occur without visible indications, most eye care professionals and medical authorities recommend a vision exam annually.