Sy	/dney	/ Irlen D	yslexia	Centre
For Reading	g, Dysl	lexia and Pe	erceptual L	Difficulties

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	TEEN QUESTIONNAIRE		Date:			
Name	Name:Male/F			Age	Age:	
Addre	Address:		_ P/code:			
Ph: _	School:Year:	Date	e of Birth:			
	reading do you:	Often S	S/times R	arely	Never	
1.	Skip words and/or lines?	0	S	R	Ν	
2.	Lose your place?	0	S	R	Ν	
3.	Re-read lines?	0	S	R	Ν	
4.	Use your finger <u>or</u> a ruler as a marker?	0	S	R	Ν	
5.	Not notice the full stops and commas?	0	S	R	Ν	
6.	Read slowly and hesitantly?	0	S	R	Ν	
7.	Become fidgety or restless?	0	S	R	Ν	
8.	Become easily distracted?	0	S	R	Ν	
9.	Read word by word?	0	S	R	Ν	
10.	Have difficulty with comprehension?	0	S	R	Ν	
11.	Would you describe your reading fluency as erratic?	0	S	R	Ν	
Do yo	u:					
12.	Avoid reading whenever possible?	0	S	R	Ν	
13.	Avoid writing tasks?	0	S	R	Ν	
14.	Find spelling difficult?	0	S	R	Ν	
15.	Daydream in class?	0	S	R	Ν	
16.	Become easily distracted in class?	0	S	R	Ν	
17.	Lose your place when copying from the board or a book?	0	S	R	Ν	
18.	Make errors while copying from the board or a book?	0	S	R	Ν	
19.	Make errors in mathematical calculations by placing answers or numbers in the wrong columns?	0	S	R	N	
<u>Vis</u> ı	Visual Resolution Often S/times R		arely	Never		
20.	Do words ever look blurry or fuzzy?	0	S	R	Ν	
21.	Is reading hard because words double, move or look funny?	0	S	R	Ν	
22.	Do you blink, squint or open eyes wider to help see the words better	? 0	S	R	Ν	
23.	Do you ever confuse: letters - b /d , p/q, i/l or o/c/a ?	0	S	R	Ν	
24.	: words - was/saw, on/no, for/of/from ?	0	S	R	Ν	
25.	: numbers - 83 = 38, 275 = 257	0	S	R	Ν	

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DYSLEXIA

CENTRE

Eye Strain / Fatigue While reading do you:

26.	Complain of eye strain?					0	S	R	Ν
27.	Find your eyes: hurt O bur	n O	itch O	water O	feel dry	0	become	sleepy	0
28.	Rub your eyes?					0	S	R	Ν
29.	Move closer to the page?					0	S	R	Ν
30.	Move away from the page?					0	S	R	Ν
31.	Move your head <u>or</u> body side to side while reading across lines of text?					xt? O	S	R	Ν
32.	Read from an awkward angle / tilt your head / close one eye?					0	S	R	Ν
33.	After reading or book work do your eyes look red or watery?					0	S	R	Ν
34.	Do you complain of headaches at the end of the school day?					0	S	R	Ν
35.	Do you feel exhausted <u>or</u> wan	t to ha	ve a sleep	after schoo	l?	0	S	R	Ν
36.	When watching television or o	n the o	computer d	lo your eyes	s?				
	hurt O burn O strain	0	water O	feel tired	Ob				
-									
Phot Do you	:ophobia (Light Sensitivity)	<u>)</u>				Ofte	n S/times	Rarely I	Never
-							-	_	
37.	Find it bright in the sun / like to wear sunglasses or a hat?					0		R	Ν
38.	Squint when outside / complain about the light?					0	S	R	Ν
39.	Prefer to read in dull light or in a darker part of the room?					0	S	R	Ν
40.	Shade the page when reading?					0	S	R	Ν
41.	Find computer screens, white boards <u>or</u> Smart Boards bright or glary?					? 0	S	R	Ν
Dent	h Perception								
Do you									
42.	Consider your handwriting to be untidy/sloppy?						S	R	Ν
43.	Have difficulty catching a tennis ball on the full?					0) S	R	Ν
45.	See yourself as clumsy?					0) S	R	Ν
46.	Knock into furniture / veer into people when you walk beside them?					0) S	R	Ν
47.	Trip on stairs / like to hold onto the railing when walking on stairs?				С	S S	R	Ν	
_									
Fam	ily History							Yes	No
48.	Is anyone in your family sensit must wear sunglasses?	tive to	light, bothe	ered by sunl	light / glare	e <u>or</u>		0	0
49.	Does anyone in your family:	(a) a	avoid readii	ng?				0	0
		(b) r	ead slowly	?				0	0
		(c) s	suffer with e	eyestrain wh	nen readin	g?		0	0

50. Did anyone in your family drop out of school, have a learning problem or dyslexia? 0 0

PLEASE BRING THIS COMPLETED QUESTIONNAIRE TO YOUR APPOINTMENT