

Notes: Visual Difficulties Screening Protocol V2 June 2019

[V1 in Appendix 2 *SpLDs and Visual Difficulties a Guide for Assessors and SpLD Practitioners* Dr Jim Gilchrist, Caroline Holden, Jane Warren 2018]

Ideally, this questionnaire would be completed at a screening interview or discussion with child / parent / teachers **prior to any SpLD assessment referral**, to allow time for any suspected visual difficulties to be assessed/addressed by referral to an optometrist or other vision professional.

However, if this process has not taken place prior to assessment, this protocol can be used at or immediately prior to an assessment, as part of the diagnostic interview carried out with the individual (or with the parent/carer of a child).

Questions on eye and vision history	Interpretive notes for assessor / screener
1. Have you (has your child) any history of visual difficulties / problems with sight / visual impairment?	This very general opening question provides an opportunity to find out about any history of visual impairments or other eye and sight-related issues. Further prompts could investigate any recent changes in, as well as the general impact of, any conditions mentioned.
2. When did you (your child) last have a sight-test by an optometrist (“optician”)?	<p>Within 2 years is recent. If the individual has not had a sight-test in the past two years, ideally they should be referred to an optometrist before referral for a SpLD assessment. A standard sight-test is free under the NHS to all individuals up to the age of 19 in full-time education. Where this is not possible, depending on the responses to the rest of this questionnaire and the outcome of the assessment, the assessor may wish to proceed with the assessment but delay the writing of the assessment report until the outcome of the sight-test is known.</p> <p>Please note that the sight-check sometimes carried out for younger children in schools is not a full sight-test and may not detect all developing sight problems.</p> <p>If the individual reports worsening or deteriorating vision over the past two years, they should be re-referred to their optometrist without delay.</p>

<p>3. Was any prescription made? YES / NO</p> <p>If YES, were you (was your child) advised to wear the prescription glasses/ contact lenses for distance (e.g. for watching television or for driving) or near (e.g. for reading) or both?</p> <p>If YES, do you (does your child) wear the (his/her/their) prescribed glasses / contact lenses? YES / NO</p> <p>If NO, why not?</p>	<p>If an individual has been prescribed glasses/contact lenses for reading and near work, they should use these during any screening or assessment for a suspected SpLD that involves reading, writing or near work.</p> <p>Depending on the response to this question the assessor may need to ask about other interventions suggested by the optometrist at the most recent sight-test e.g. treatment for 'lazy eye'.</p> <p>Children (and some adults) can sometimes be reluctant to wear glasses and they can be lost or broken. It is important to investigate (sensitively!) the reasons for non-use of prescribed corrective lenses.</p>
<p>4. If YES, do you (does your child) have the prescribed glasses/contact lenses with you (him/her/them) today? YES / NO</p>	<p>See Q2 above.</p> <p>This could apply both to a screening or an assessment context.</p> <p>It is justifiable to refuse to proceed with and postpone a diagnostic assessment if the child/person assessed has not brought with them glasses/ contact lenses they need for reading.</p>
<p>5. Have you (has your child) ever used coloured overlays / colour-tinted glasses? YES / NO</p> <p>If YES,</p> <p>Who advised and provided them?</p> <p>Why were they recommended?</p> <p>Did they help? If YES, in what way?</p> <p>Do you (does your child) still use them? If not, why not?</p>	<p>Teachers, parents and adults may have heard that coloured lenses/overlays could be helpful for some children/adults with reading difficulties and may wish to discuss this at the screening/assessment. They may also have been used previously by the individual assessed.</p> <p>It is strongly recommended that the issue of the possible efficacy of coloured lenses/glasses be treated as neutrally as possible, if necessary referring adults and parents to the best available high-quality research evidence concerning their use, especially if a strong wish is expressed for access to this type of resource.</p>

Questions on reading / near work activity	
6. Approximately how many hours per working/school day do you (does your child) spend at a screen (phone, tablet, computer) etc?	This question and the ones below it are designed to give the screener / assessor some idea of typical hours spent on near work, bearing in mind that eye-strain, developing myopia and general stress and over-work /over-use of screen-time for leisure could all be possible explanations for some reading and visual difficulties.
7. Approximately how many additional hours per working /school day do you (does your child) spend reading books, newspapers, comics or other paper-based texts?	As above
8. Has your (your child's) screen /reading /near work time increased recently? If so, by how much?	As above

Visual difficulties questionnaires – pre and post 16 years of age.

The questionnaires (see below) include **20** questions for adults and **16** questions for children addressing different aspects of possible visual difficulty. Please note that the questionnaires do not include questions about high contrast pattern and fluorescent lamps. These may elicit visual disturbance and/or aversive responses in people with no particular visual problem or susceptibility as they are aspects of the normal response of the visual system to contrast and flicker. Questions about these are not considered especially indicative of visual sensitivities.

There are **two sections to the pre- 16 years questionnaire**: one for parents/carers and one for the child. Where involved, teachers could also provide corroboration in the classroom context of any issues noted.

Parental involvement in and permission for the use of this pre-16 years screener is necessary.

A 14-15-year-old may be able to read and respond to most of the questions in the section designed for the child but a younger child may be able to respond to only one or two of the questions. In the section for the child, the screener / assessor should carefully select the questions considered most appropriate to the age and developmental stage of the child assessed and **should ask these questions verbally**, unless it is clear that the child can read these questions themselves.

The purpose of this screening protocol is to:

- Assist the screener /assessor in exploring the possible role of a range of visual difficulties in explaining reading, writing or other difficulties experienced by the individual.
- Enable the screener/assessor to make an informed decision about whether or not to refer the child/adult seen to an optometrist or other vision or medical professional for further investigation of the symptoms reported, either before, at the same time as, or after a referral or an assessment for, a suspected SpLD.
- Give the screener/ assessor the information required to write a referral letter, if required.

The purpose of this screening protocol is **NOT** to:

- Facilitate a diagnostic explanation for any visual symptoms reported.

Response categories for this protocol:

- **Always** = every day.
- **Often** = **several times a week** but not necessarily every day.
- **Sometimes** = 2-3 times a month.
- **Rarely** = only once every few months / a year.

It is **very important** to draw the respondent's attention to these response categories and to ensure their understanding of them is clear. Some respondents may also have difficulty interpreting the wording of some of the questions e.g. Question 10, where the word 'jitter' is used. It is not always easy or straightforward to describe the experience of some visual disturbances. Individual experiences may not fit neatly into the question categories below. Further discussion can allow the screener/assessor to take appropriate notes.

The questions for children have been kept to a minimum because of the huge potential variation in how the questions might be understood and interpreted depending on the age and verbal abilities of the child. The child may need to be asked the question and then a second follow up question about how often they experience each issue.

In making referrals based on the outcome of this screening questionnaire, assessors are advised that if **any** symptoms occur **often** or **always**, a referral to an optometrist is **always** recommended, at least for a standard sight-test and to rule out any pathological (illness related) visual difficulties. Many or even most respondents to this questionnaire are likely to report that they or their child experiences a few symptoms (e.g. headaches when reading, sleepiness induced by reading, losing one's place when reading) **always or often**. This is to be expected in the screening /assessment context, where individuals are likely to be seeking an explanation for a set of difficulties, often concerning reading and writing, they are (or their child is) experiencing.

However, this does not mean that the cause of those symptoms is eye or sight-related; the causes may be stress, mental health or illness-related, related to a potential specific learning or other developmental difficulty or related to changes in external circumstances, such as the onset of examination periods or, for younger children, constitute part of a normal developmental stage in reading.

Depending on further discussion of the responses with the person assessed or the parent of a child, a referral to a G.P. might also sometimes be advisable to explore stress or illness-related issues that might be giving rise to the symptoms reported. It can be explained that the reason for referral to an optometrist / G.P. is **precautionary**.

Where symptoms occur only **sometimes** or less frequently, a referral to an optometrist could still be made but it should be made clear to the person being screened that the referral may not confirm any visual difficulty, and an assessment referral for suspected SpLD may also be indicated.

Responses that consist, in the main, as **rarely** or **never** are unlikely to warrant onward referral to an optometrist but if one or two responses 'stand-out' as very different from all the others, further questioning is important and should be discussed with the person / parent of child assessed.

If in doubt, refer to an optometrist. The primary aim of using this protocol is to establish whether there is any evidence of visual difficulty – if answers to the 'History' questions suggest there is an issue then **an assessor may wish to refer the client to an optometrist without going through the detailed 'self-report' questionnaire.** This will give the assessor less information, but, on referral, all the relevant questions should be asked by the optometrist, so there is unlikely to be any disadvantage to the client.

The 20 questions in the protocol for adults have been grouped:

Questions 1-5 concern **physiological responses to the act of reading** which may have a variety of causes. Where the responses are '**often**' and /or '**always**' further discussion will be necessary to explore how long the person has been experiencing these symptoms, whether they have been previously investigated and how severely the symptoms are affecting the process of reading. The individual may or may not feel they can explain the symptoms.

Questions 6-10 concern **visual sensitivities to pattern contrast / other visual sensory anomalies.** **While most people will experience some sensitivity to pattern contrast,** where the responses are '**often**' and /or '**always**' further discussion will be necessary to explore how long the person has been experiencing these symptoms, whether they have been previously investigated and how severely they are affecting the process of reading. The individual may or may not feel they know what explains or triggers the symptoms.

Questions 11-15 concern **management strategies** for reading difficulties, which, again, could have a wide variety of causes and be related to a SpLD, a visual difficulty, both or another cause. Some of these management strategies may be learned, habitual responses to a long-standing problem. Where the responses are '**often**' and /or '**always**' further

discussion will be necessary to explore how long the person has been using these strategies, and how necessary they feel they are to the process of reading.

Questions 16-20 concern **other involuntary responses** during or immediately after reading / near work. They cover issues which may indicate a SpLD **or** a visual difficulty (e.g. refractive error, convergence or accommodation issue) **or** both. Where the responses are '**often**' and /or '**always**' further discussion will be necessary to explore how long the person has been experiencing these 'symptoms' and how severely they are affecting the process of reading.

Visual Difficulties Screening Protocol V.2. 2019: adults

Questions on eye and vision history	Comments and notes
1. Have you any history of visual difficulties / problems with sight / visual impairment?	
2. When did you last have a sight-test by an optometrist (“optician”)?	
3. Was any prescription made? YES / NO If YES , were you advised to wear the prescription glasses/contacts for distance (e.g. for watching television or for driving) or near (e.g. for reading) or both ? If YES , do you wear the prescribed glasses / contact lenses? YES / NO If NO , why not?	
4. If YES , do you have the glasses/contact lenses with you today? YES / NO	Prescribed glasses/contacts should be worn for a SpLD assessment.
5. Have you ever used coloured overlays / colour-tinted glasses? YES / NO If YES , Who advised and provided them? Why were they recommended? Did they help? If YES , in what way? Do you still use them? If not, why not?	
Questions on reading / near work activity	
6. Approximately how many hours per working/study day do you spend at a screen (phone, tablet, computer) etc?	
7. Approximately how many additional hours per working /study day do you spend reading books, newspapers, comics or other paper-based texts?	
8. Has your screen /reading /near work time increased recently? If so, by how much?	

	Visual Difficulties Questionnaire (post - 16 years)*	Never	Rarely	Sometimes	Often	Always
1	Do you get headaches when you read?					
2	Does reading make your eyes feel sore, gritty or watery?					
3	Does reading make you feel tired or sleepy?					
4	Do you become restless or fidgety or distracted when reading?					
5	Do you become less comfortable the longer you read?					
6	When do you prefer dim light to brighter light for reading?					
7	Does reading from white paper seem too bright or glaring?					
8	Do parts of the white page between the words form patterns when you read?					
9	Does the print or background shimmer or appear coloured as you read?					
10	Does print appear to jitter or move on the page as you read?					
11	Do you screw your eyes up when reading?					
12	Do you rub your eyes to relieve the strain when you are reading?					
13	Do you move your eyes around or blink to keep text clear when you are reading?					
14	Do you use a marker or your finger to stop you losing the place when you read?					
15	Do you cover or close one eye when reading?					
16	Do you lose your place when reading?					
17	Do you re-read or skip words or lines when reading?					
18	Does text appear blurred, or go in and out of focus, when you read?					
19	Do objects in the distance appear more blurred after you have been reading?					
20	Do the words, page or book appear double when you are reading?					
<p>*N.B. Response categories for this protocol: Always = every day. Often = several times a week but not necessarily every day. Sometimes = 2-3 times a month. Rarely = only once every few months / a year.</p>						

Visual Difficulties Screening Protocol V.2. 2019: children

Questions on eye and vision history	Comments and notes	
1. Has your child any history of visual difficulties / problems with sight / visual impairment?		
2. When did your child last have a sight test by an optometrist (“optician”)?		
3. Was any prescription made? YES / NO If YES , was your child advised to wear the prescription glasses/contacts for distance (e.g. for watching television or for driving) or near (e.g. for reading) or both ? If YES , does your child wear the prescribed glasses / contact lenses? YES / NO If NO , why not?		
4. If YES , does your child have the glasses/contact lenses with them today? YES / NO	Prescribed glasses/contacts should be worn for a SpLD assessment.	
5. Has your child ever used coloured overlays / colour-tinted glasses? YES / NO If YES , Who advised and provided them? Why were they recommended? Did they help? If YES , in what way? Does your child still use them? If not, why not?		
Questions on reading / near work activity		
6. Approximately how many hours per school day does your child spend at a screen (phone, tablet, computer) etc?		
7. Approximately how many additional hours per school day does your child spend reading books, newspapers, comics or other paper-based texts?		
8. Has your child’s screen /reading /near work time increased recently? If so, by how much?		

Visual Difficulties Questionnaire (pre - 16 years)*		Never	Rarely	Sometimes	Often	Always
Section for parents/carers						
1	Does your child report headaches when they are reading?					
2	Does your child report that reading makes their eyes feel sore, gritty or watery?					
3	Does your child report feeling tired or sleepy during or after reading?					
4	Have you noticed your child become restless, fidgety or distracted when reading?					
5	Have you noticed your child rubbing their eyes when they are reading?					
6	Have you noticed your child screwing up their eyes when reading?					
7	Have you noticed your child tilting their head to one side when reading?					
8	Have you noticed your child moving their eyes around or blinking frequently when they are reading?					
9	Have you noticed your child holding a paper or book very close to their eyes when reading?					
10	How often does your child use a marker or their finger to keep their place when reading?					
11	Have you noticed that your child frequently loses their place when reading?					
12	Have you noticed your child covering or closing one eye when reading?					
Section for child						
13	When you read, do you see two of each word?					
14	When you read, do the words you read look blurry (or fuzzy, or unclear)?					
15	When you are reading, do the words move on the page?					
16	When your teachers ask you to copy something from a screen at the front of the classroom, can you see what is written on the screen?					
* N.B. Response categories for this protocol: Always = every day. Often = several times a week but not necessarily every day. Sometimes = 2-3 times a month. Rarely = only once every few months / a year.						