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Revising the vision screening forms

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Abstract

School screenings are used to identify children with possible optometric concerns as well as serve as an educational tool for parents. In an effort to effectively screen schoolchildren, an intake form was composed to be taken home for the parent/guardian of the child to complete and return to the individual(s) conducting the screening. A form was also composed for the children to take home to their parents explaining the specific areas of screenings and in which area the child may have failed. The forms were designed to be simple and easy to understand.

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REVISING THE VISION SCREENING FORMS

By

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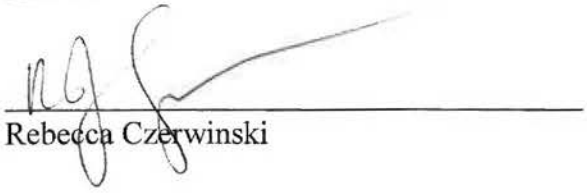
REVISING THE VISION SCREENING FORMS

Author:



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Rebecca Czerwinski
Revising the Vision Screening Forms
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Biography

Rebecca Czerwinski is originally from Lisle, Illinois. She did her undergraduate work at Washington University in St. Louis, Missouri. On a full tuition scholarship for four years, she completed her degree in biology with a minor in Russian in 1996. Rebecca became interested in optometry while working at her optometrist's office throughout high school and college. She has been an active participant in the Amigos program and a recipient of the Peg Gilbert Award at Pacific University, College of Optometry. Rebecca plans to return to the Midwest after graduation and eventually work in a private practice.

Abstract

School screenings are used to identify children with possible optometric concerns as well as serve as an educational tool for parents. In an effort to effectively screen schoolchildren, an intake form was composed to be taken home for the parent/guardian of the child to complete and return to the individual(s) conducting the screening. A form was also composed for the children to take home to their parents explaining the specific areas of screenings and in which area the child may have failed. The forms were designed to be simple and easy to understand.

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Introduction

The purpose of this project was to create a useful tool for the Pacific University Family Vision Center's screening procedure. As stated by the American Optometric Association on its guidelines for vision screenings:

> "Vision screening should be part of a larger vision conservation program which has as its aim prevention of vision conditions which may preclude an individual from reaching his full personal or educational potential or performing satisfactorily in his environment." [1]

With this thought in mind, a new intake and results from was created to identify more children at risk as well as educate parents on the necessity of eyecare for their children. In the Baltimore Vision Screening Project, one of the possibilities listed for the lack of adequate follow-up care to a screening was the lack of understanding by the parent of the importance of a failed vision screening.[2] The intent of the intake form was to provide individuals screening children more information and enhance their ability to detect potential problems. By sending the form home, parents/guardians are more aware of the vision screening as well. Very few other screening projects in the literature describe any sort of intake form or history form. But, efforts have been made by Dr. Thomson and Dr. Evans in England who constructed a vision screening program utilizing a computer program to analyze case history information and data taken from testing on the computer.[3] The computer then produces a summary describing the areas of deficiency, the different possible causes and timeline of when a child should see

an eyecare professional. They found that the high return rate of the questionnaires indicated strong support by the parents. This is also the hope of our endeavour. In an effort to increase parent/guardian awareness of the need for early optometric care, a "Results of Vision Screening" form was created. The results form would better explain a failed screening in that it informs the parent/guardian which area was failed and how soon the child should receive a comprehensive vision exam from a healthcare professional. In a study performed in Rochester, Minnesota, the examiners found that the "average lag time between a first failed screen and a visit to an eye care professional was almost two years."[4] Our results form was created in an effort to combat that problem.

Methods

The intake and results form were created from previous forms used for screenings and forms used in the pediatric clinic at Pacific University Family Vision Centers. The intake form (see appendix A) compiled various symptoms that could be identified by parents that would aid the screening process. Questions were chosen to heighten the screener's awareness to signs that could indicate a potential problem for the child who is screened. The results form (Appendix B) was created as an educational tool as well. Two texts *Eye Care for Infants and Young Children* and *Clinical Pediatric Optometry*, were used to construct the areas of concern. In addition, the AOA website www.aoa.com supplied the information as to what ages a child should receive a comprehensive vision exam.

Results

In the test run, the forms were used at a screening of fifteen schoolchildren between 3 and 6 years of age. A questionnaire (Appendix C) was given to the five optometry students screening these children. Results of the questionnaire were as follows:

- 5 of 5 respondents had been on a screening before
- 5 of 5 respondents found the intake form useful
- 5 of 5 respondents thought the intake form should be used on future screenings
- 5 of 5 respondents thought the results form was useful
- 5 of 5 respondents thought the results form was easy for the parents to understand
- 5 of 5 respondents felt the results form should be used on future screenings

Comments on the intake form were as follows:

- "good to know what to look for"
- useful because "you didn't have to ask all of the history questions. You could just start testing and that is good for kid exams."
- "clear and easy to read. Quick summary of patient's history."

Comments on the results form were as follows:

- "good for parents to see results."
- "It explained the exam in writing."

- "it summarizes the child's complete visual symptom. Gives parents a better understanding."

Recommended changes to either form were as follows:

- "if you use the screening form for parents to fill out, they may not always be truthful since they want their kid to pass the screening."

Discussion

I feel the forms proved useful in our screening process. All five respondents who participated in the screening found both forms useful and recommended little to no change in either one. In criticism, it would have been better to test the forms at more than one screening, but time did not permit. Feedback on the results form also showed the educational use of the form to be sent home to the parents. Although testing of the forms was limited, it is highly recommended that these forms continue to be used at all screenings in the future.

References

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3. Thomson W., B. Evans. A New Approach to Vision Screening in Schools. Ophthal. Physiol. Opt. 1999; 19: 192-209.
4. Yawn B., E. Lydick, R. Epstein, S. Jacobsen. Is School Vision Screening Effective? Journal of School Health 1996; 66: 171-175.
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Appendix A

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VISION SCREENING FORM

Child's Name _____ Date _____
Date of Birth _____ Grade in school_____
Person completing form _____
Relationship to child _____

Child History

When was child's last eye exam by an optometrist or other eyecare professional?_____
Does she/he wear glasses or contact lenses? Yes No If so, for how long?_____
When was his/her last medical exam?_____
Is the child taking any medications?_____
Has the child had (circle one)

eye surgery	Yes	No	If so, when?_____
eye injury	Yes	No	If so, when?_____
head injury	Yes	No	If so, when?_____
eye infections	Yes	No	If so, when?_____
eye that turns	Yes	No	If so, when?_____
red eyes	Yes	No	If so, when?_____
watery eyes	Yes	No	If so, when?_____
headaches	Yes	No	If so, when?_____
"crusty" eyes	Yes	No	If so, when?_____

Does the child (circle one)

avoid reading/close work	Always	Sometimes	Never
rubbing of eyes	Always	Sometimes	Never
have difficulty remembering what is read	Always	Sometimes	Never
lose her/his place when reading	Always	Sometimes	Never
close/cover one eye when reading	Always	Sometimes	Never
whisper to self while reading	Always	Sometimes	Never
take longer for homework than should	Always	Sometimes	Never
move tongue/head often while reading	Always	Sometimes	Never
hold reading material close	Always	Sometimes	Never
complain of not being able to see far away	Always	Sometimes	Never
complain of car sickness	Always	Sometimes	Never
tires while reading	Always	Sometimes	Never
sees double	Always	Sometimes	Never

Please comment on any of the above questions_____
_____
_____
_____
_____
_____

Appendix B

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Results of Vision Screening

Child's Name:_____
Age:_____ Grade:_____ School:_____
Date:_____

Criteria Met	Not Met	
____	____	**Distance Visual Acuity: (clarity of distant objects)** Poor distance vision gives children difficulty in seeing the blackboard, for example. The child may also get carsick or have trouble recognizing faces on the playground.
____	____	**Near Visual Acuity: (clarity of near objects)** Poor near vision gives children difficulty in reading and other such near tasks that can result in headaches, eye pain, and even poor performance in school, for example.
____	____	**Refractive Condition: (nearsighted, farsighted, astigmatism)** A measurement of the amount of nearsightedness, farsightedness or astigmatism you child has. Nearsightedness causes reduced distance visual acuity. Farsightedness causes a person to work harder than others to see up close. Astigmatism may cause a person to see poorly both far away and near.
____	____	**Eye Health** This is the screening of the health of the eyeball itself. A person may have perfect acuity both far and near but an eyeball that shows disease.
____	____	**Binocularity (how well the two eyes work together)** Failure in this area can lead to difficulties in reading, poor comprehension when reading and a decrease in visual acuity in one eye. It can also result in headaches and eye aches. Symptoms may include covering an eye while reading, losing place while reading and pointing while reading.
____	____	**Other** _____ _____

Recommendation:

_____All criteria are met. A professional comprehensive vision exam is recommended in the next ___ year(s.)

_____Criteria are not met. A comprehensive vision exam is recommended as soon as possible.

*The American Optometric Association recommends a comprehensive vision exam by an optometrist or other eyecare professional at 6 months of age, 3 years, 5 years, and every two years after that for school age children

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Appendix C

QUESTIONNAIRE

1. Have you been on a screening before? Yes No

2. Did you find the new intake form useful? Yes No
   If yes, how useful was it? If no, why not?

3. Do you think the new intake form should be used on future screenings? Yes No

4. Did you think the Results form was useful? Yes No
   If yes, how useful was it? If no, why not?

5. Did you think the Results form was easy for a parent to understand? Yes No

6. Do you think the Results form should be used on future screenings? Yes No

7. What changes would you recommend to either of the forms?