

SPECIFIC READING DIFFICULTIES (SRD) QUESTIONNAIRE

PRIVATE & CONFIDENTIAL

Dear Mr/Mrs/Miss/Mst.....
Your appointment is on the at O'clock
At the Churchdown / Quedgeley /Hucclecote / Abbeymead practice.

Please complete as much as possible of this questionnaire and bring it with you when you attend for your examination. Parents should **not** complete it without direct input from the child concerned.

Surname..... First name.....

Age last Birthday..... Date...../...../.....

School Name..... Teachers name.....

Has a Psychologist assessed you for S.R.D. Yes No
If yes what was the diagnosis.....

Please tick if you have difficulty with the following:-

Reading Spelling Writing Maths Other

When was your last eye test

Do you already have spectacles Yes No
If yes are they used for Distance Reading Constantly

Have you ever had eye exercises or patching Yes No
If yes please specify

Have you used a coloured overlay / sheet to aid reading Yes No

Is distance vision i.e. writing on a black / white board ever difficult to see Yes No
(with current spectacles if normally used)

When reading (with current spectacles if normally used):-

- Are the words blurred or fuzzy to look at..... Yes No
- Do the words seem to move or wobble Yes No
- Do you see two words when you know there is only one (double vision). Yes No
- Do you see colours on a page that you know are not really there..... Yes No
- Do words ever seem to merge into one line Yes No
- Do you find the white page glaring when reading. Yes No



Head Office 39 Hucclecote Road, Hucclecote, Gloucester, GL3 3TL
t & f: 01452 372323 e: info@weygang.co.uk

Designated Members: K. Rollason BSc (Hons) FCOptom • J. Griffin BSc (Hons) MCOptom
Members: A. Trivedi BSc (Hons) MCOptom • D.L. Rollason BSc (Hons) A.C. II • D.A. Griffin

LLP No: OC 384289 GOC Reg No: CO-4722 VAT Reg No: 48 48057 13

Domiciliary Visits are Available

Visit our website :
www.weygang.co.uk

- Do you suffer from headaches? Yes No
If yes , approximately how many headaches do you suffer in an average month?

Do you get any of the symptoms listed below associated with the headaches:-

- Nausea / sickness Yes No
- Visual disturbances i.e. flashing lights Yes No
- Sensitivity to bright lights Yes No
- Is there a family history of Migraine? Yes No
- If yes in which relation

When reading do you :-

- Start well but deteriorate quickly Yes No
- Lose your place on line easily Yes No
- Close or cover one eye Yes No
- Screw up your eyes Yes No

- Is there a history of hearing difficulties Yes No
 - Is there a history of speech development difficulties Yes No
 - Is your general health good? Yes No
- If no please specify the problem(s)

Do you take regular medication? Yes No
If yes please specify.....

- Are there any other features that you think may be relevant to the examination?:-
.....

- Approximately what is your current reading age.....

THANK YOU



Head Office 39 Hucclecote Road, Hucclecote, Gloucester, GL3 3TL
t & f: 01452 372323 e: info@weygang.co.uk

Designated Members: K. Rollason BSc (Hons) FCOptom • J. Griffin BSc (Hons) MCOptom
Members: A. Trivedi BSc (Hons) MCOptom • D.L. Rollason BSc (Hons) A.C. II • D.A. Griffin

LLP No: OC 384289 GOC Reg No: CO-4722 VAT Reg No: 48 48057 13

Domiciliary Visits are Available

Visit our website :
www.weygang.co.uk