BVD SCREENING TEST

Binocular Vision Dysfunction Questionnaire (BVDQ™)

OUTREACH VISION | THE MISSING KEY TO MAXIMUM PEREORMANCE

Dr. Jerry D. Jenks

Take the test online!

Name _____ Date _____

Phone Number _____ Email _____

FOR AGES 9-13

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
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?				
	TOTALS				

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		None → Worst
Dizziness	0 1 2 3 4 5 6 7 8 9 10	Neckache	0 1 2 3 4 5 6 7 8 9 10
Nausea	0 1 2 3 4 5 6 7 8 9 10	Unsteady when walking	0 1 2 3 4 5 6 7 8 9 10
Anxiety	0 1 2 3 4 5 6 7 8 9 10	Sensitivity to light	0 1 2 3 4 5 6 7 8 9 10
Headache	0 1 2 3 4 5 6 7 8 9 10	Reading difficulty	0 1 2 3 4 5 6 7 8 9 10
		Sound sensitivity	0 1 2 3 4 5 6 7 8 9 10

This questionnaire is designed to identify individuals whose symptoms (ex. headache, dizziness, anxiety, etc.) may be due to vision misalignment.

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: _____

If your Total Score is 10 or higher, schedule an appointment today.

Treatment is low cost and uses microprism lenses, and if indicated, noise cancelling devices. The average patient requires two appointments and two sets of lenses over 6-8 weeks, and can expect to experience an **80% reduction of symptoms**.

Connect with a scheduler today:

CALL / TEXT

(816) 858-6080

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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.