

STRABISMUS ADDENDUM

MEDICAL HISTORY

Any history in your family of any eye turn resulting from a disease or other condition? Yes No

Other health problems? Yes No

If yes, please explain: _____

Was there any related trauma, disease, or condition that preceded or accompanied the onset of the eye turn? Yes No

If yes, please explain: _____

Are there any chronic problems like ear infections, asthma, hay fever, allergies? Yes No

If yes, please list: _____

VISUAL HISTORY

At what age did you first notice or suspect that an eye was turning? _____

Did the eye begin turning - suddenly or gradually ?

Does the eye turn - in out up down ? (check all that apply)

Is the eye turn getting worse or better, or is there no change? _____

Is it always the same eye that turns? Yes No

If yes, which eye? Right Left

Is the eye turn always present? Yes No

If not, under what conditions is it present? (i.e. when tired, when ill, etc.) _____

Do you notice if the eye turns more when your child is looking:

up close? Yes No

in the distance? Yes No

to his/her left? Yes No

to his/her right? Yes No

up? Yes No

down? Yes No

Does one pupil ever appear to be larger than the other? Yes No

Do you ever notice one or both eyes shaking rapidly? Yes No