

## UH NEAR Survey for Children

What is your child's age? \_\_\_\_\_ years old

Is your child of Hispanic, Latino or Spanish origin or descent?

\_\_\_\_\_yes, Hispanic, Latino or Spanish \_\_\_\_\_no, not Hispanic, Latino or Spanish

Which race best describes your child (select all that apply):

\_\_\_\_\_White/Caucasian \_\_\_\_\_Black/African American \_\_\_\_\_American Indian or Alaskan Native  
\_\_\_\_\_Asian/Pacific Island \_\_\_\_\_Other: \_\_\_\_\_

Was your child born in the United States? \_\_\_\_\_yes \_\_\_\_\_no

If no, what country were they born? \_\_\_\_\_

Does your child currently live in the United States? \_\_\_\_\_yes \_\_\_\_\_no

If yes, in what city and state does your child live? (Example: Houston, Texas) \_\_\_\_\_

If no, in what city and country does your child live? (Example: London, England) \_\_\_\_\_

In what type of housing does your child live?

\_\_\_\_\_apartment \_\_\_\_\_house \_\_\_\_\_townhome \_\_\_\_\_condominium \_\_\_\_\_other

What type of community does your child live? \_\_\_\_\_urban \_\_\_\_\_suburban \_\_\_\_\_rural

What type of school does your child attend: \_\_\_\_\_public \_\_\_\_\_private \_\_\_\_\_homeschool

\_\_\_\_\_other (Please Specify): \_\_\_\_\_

What is your child's current grade (circle): K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> What

are your child's average grades in school (circle)? A B C D F unsure

Does the biological mother wear glasses or contact lenses? \_\_\_\_\_yes \_\_\_\_\_no \_\_\_\_\_unsure

If yes, is the correction for seeing: \_\_\_\_\_distance (i.e. nearsighted) \_\_\_\_\_near (i.e. farsighted)

\_\_\_\_\_both \_\_\_\_\_unsure

If yes, at what age did the mother start wearing glasses or contact lenses: \_\_\_\_\_years old

Does the biological father wear glasses or contact lenses? \_\_\_\_\_yes \_\_\_\_\_no \_\_\_\_\_unsure

If yes, is the correction for seeing: \_\_\_\_\_distance (i.e. nearsighted) \_\_\_\_\_near (i.e. farsighted)

\_\_\_\_\_both \_\_\_\_\_unsure

If yes, at what age did the father start wearing glasses or contact lenses: \_\_\_\_\_years old

Has your child had an eye exam before? \_\_\_\_\_yes \_\_\_\_\_no

If yes, at what age did the first examination take place? \_\_\_\_\_years old

Has your child had an eye exam within the last year? \_\_\_\_\_yes \_\_\_\_\_no

Does your child wear glasses or contact lenses? \_\_\_\_\_yes \_\_\_\_\_no

If yes, at what age was your child prescribed glasses or contact lenses? \_\_\_\_\_years old

If yes, is the correction for: \_\_\_\_\_distance \_\_\_\_\_near \_\_\_\_\_unsure \_\_\_\_\_both

If yes, is your child's prescription getting worse each year? \_\_\_\_\_yes \_\_\_\_\_no \_\_\_\_\_unsure

If you know your child's glasses or contact lens prescription, we would like you to enter it here. It is fine to estimate. Be sure to indicated if it is (+) or (-). If you are at an eye clinic or dispensary, someone may be able to help you fill out your prescription. Here is an example of what a prescription might look like:

RX Example	Sphere (SPH)	Cylinder (CYL)	Axis	ADD (Not Necessary)
OD (Right Eye)	-1.00	-1.25	090	+2.00
OS (Left Eye)	Plano or Pl	N/A	N/A	+2.00

If known, please enter your child's prescription here:

RX	Sphere (SPH)	Cylinder (CYL)	Axis	ADD
OD (Right Eye)				
OS (Left Eye)				

Has your child undergone the following ocular procedures? (Select all that apply)

\_\_\_\_\_Myopia Control Contact Lenses (orthokeratology or multifocal) \_\_\_\_\_Eye Drops to treat myopia

\_\_\_\_\_Cataract Removal \_\_\_\_\_LASIK or other laser refractive correction \_\_\_\_\_Unsure

\_\_\_\_\_None \_\_\_\_\_Other (Please Specify): \_\_\_\_\_

Is there anything else related to your child's eyes that you would like to share?

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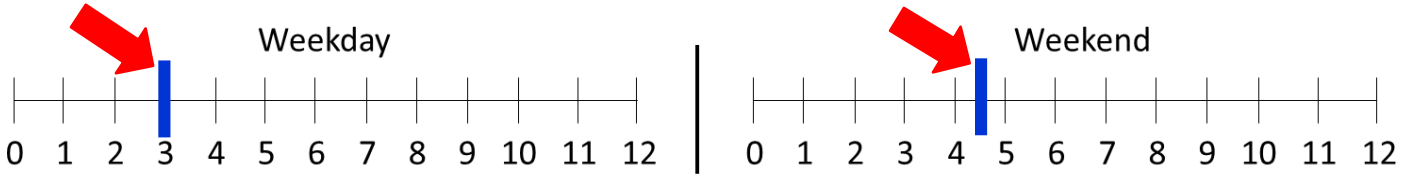
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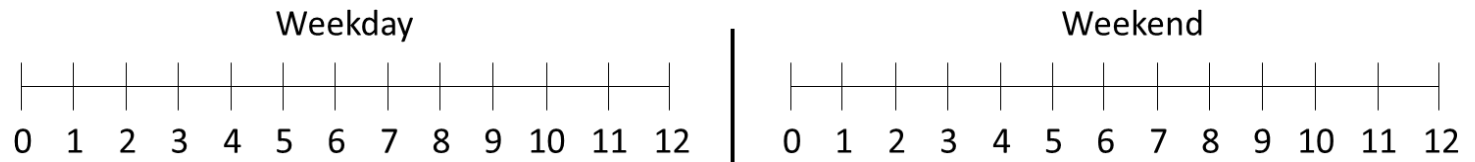
**PLEASE ANSWER THE FOLLOWING QUESTIONS  
CONSIDERING YOUR CHILD'S TIME THIS SUMMER 2020  
DURING THE COVID PANDEMIC,  
FROM THE TIME THE SCHOOL YEAR ENDED UNTIL THE  
PRESENT**

**Please estimate and mark the number of hours PER DAY your child spends involved in these various activities DURING THE CURRENT SUMMER on a weekday (Monday-Friday) and on a weekend day (Saturday-Sunday)**

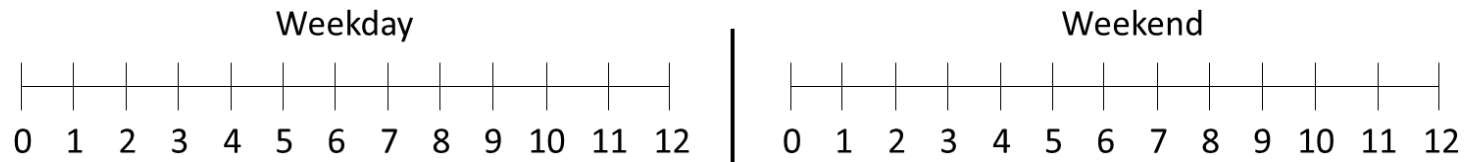
For example, if your child spends 3 hours on a weekday and 4.5 hours on a weekend day doing an activity, please mark it like this:



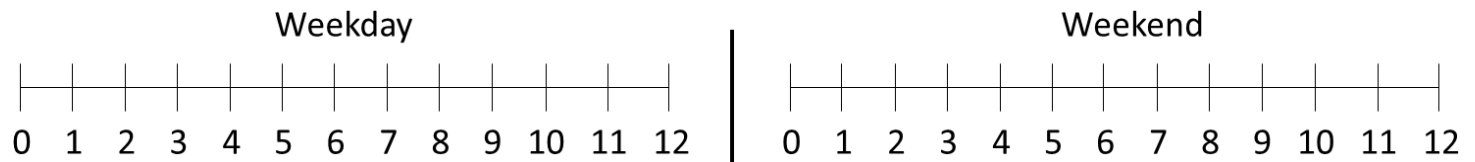
1. During the current summer 2020, how many hours per day does your child spend in outdoor physical activities (sports, swimming, walking, biking, running)



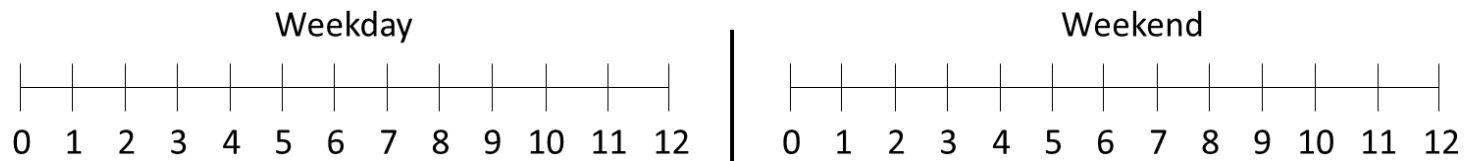
2. During the current summer 2020, how many hours per day does your child spend in outdoor leisure activities (eating, sitting, or resting outdoors)



3. During the current summer 2020, how many hours per day does your child spend riding in a vehicle (car, bus or train)



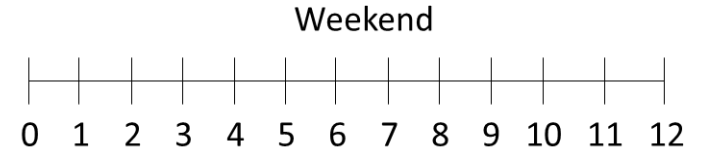
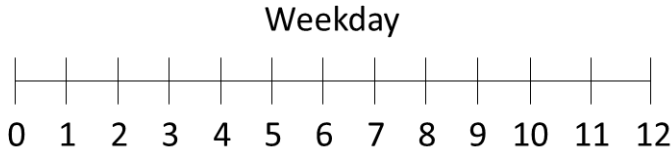
4. During the current summer 2020, how many hours per day does your child spend in indoor physical activities (exercise, sports, martial arts)



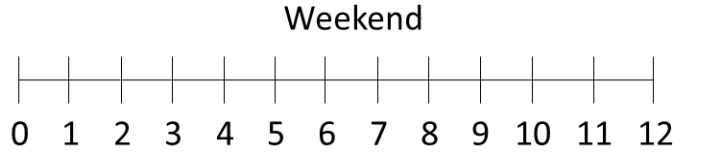
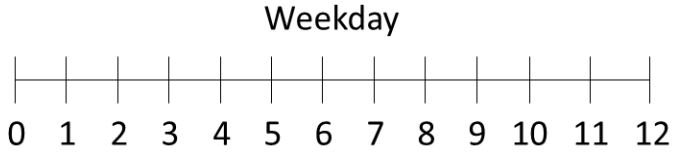
5. During the current summer 2020, how many hours per day did your child spend participating in fine arts (theatre, choir, orchestra, band, playing an instrument, etc.)



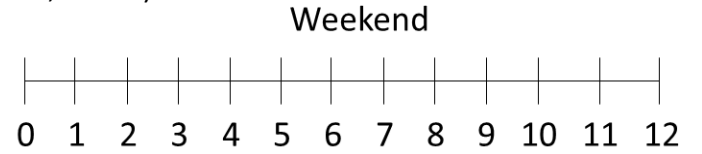
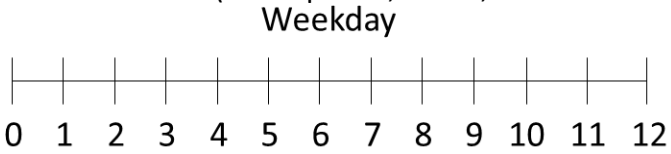
6. During the current summer 2020, how many hours per day does your child spend viewing a TV screen (movies, video games on a TV)



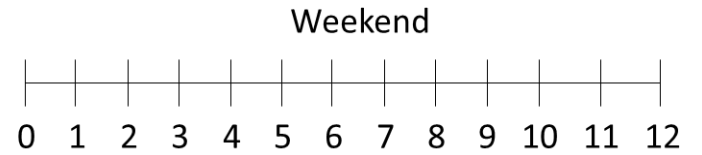
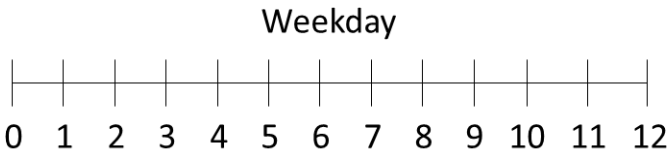
7. During the current summer 2020, how many hours per day does your child spend viewing a computer screen (classes, homework, browsing, computer games)



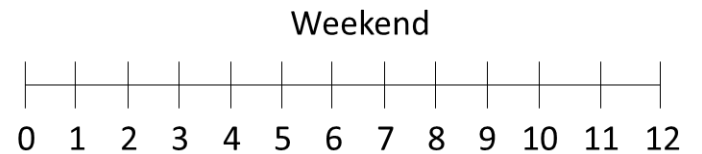
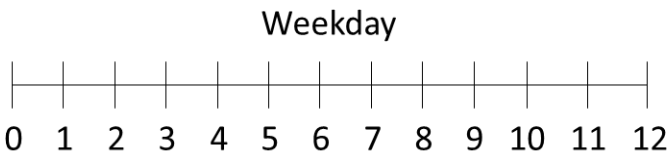
8. During the current summer 2020, how many hours per day does your child spend viewing a handheld electronic device (smart phone, tablet, handheld video games, kindle)



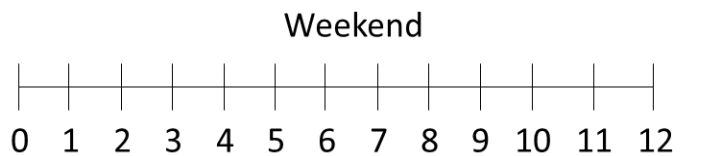
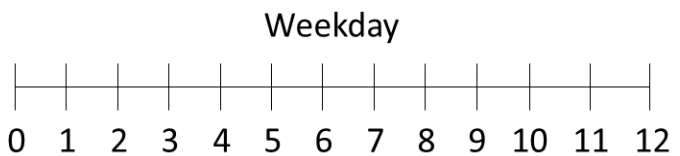
9. During the current summer 2020, how many hours per day does your child spend reading printed material (books, homework, newspaper, magazines)



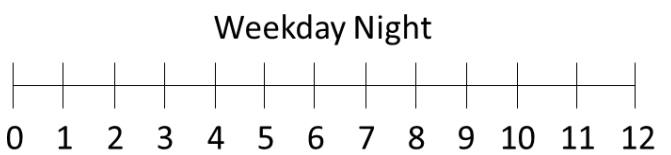
10. During the current summer 2020, how many hours per day does your child spend drawing, painting, or writing



11. During the current summer 2020, how many hours per day does your child spend playing card or board games (not electronic)



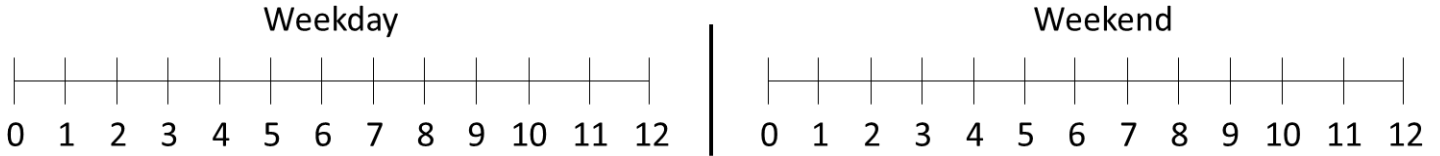
12. During the current summer 2020, how many hours of sleep does your child get per night?



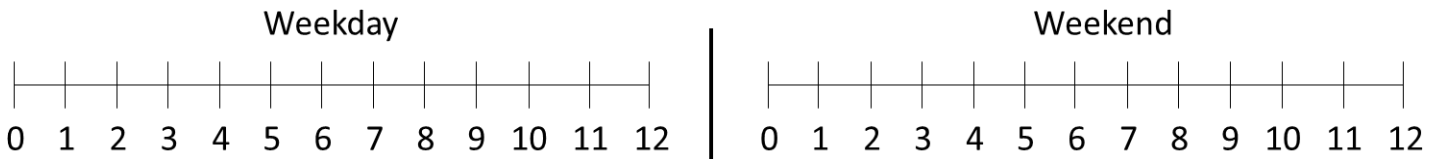
**PLEASE ANSWER THE FOLLOWING QUESTIONS  
CONSIDERING YOUR CHILD'S TIME DURING A TYPICAL  
SCHOOL YEAR BEFORE THE COVID PANDEMIC,  
FOR EXAMPLE, FALL 2019**

**Please estimate and mark the number of hours PER DAY your child spends involved in these various activities DURING THE SCHOOL YEAR when they are NOT at school on a weekday (Monday-Friday) and on a weekend day (Saturday-Sunday)**

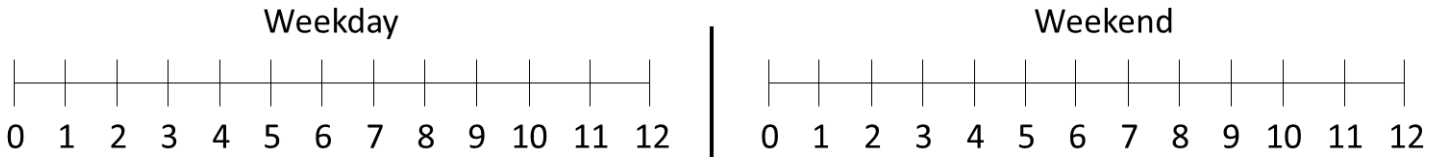
1. During a typical school year, how many hours per day did your child spend in outdoor physical activities (sports, swimming, walking, biking, running)



2. During a typical school year, how many hours per day did your child spend in outdoor leisure activities (eating, sitting, or resting outdoors)



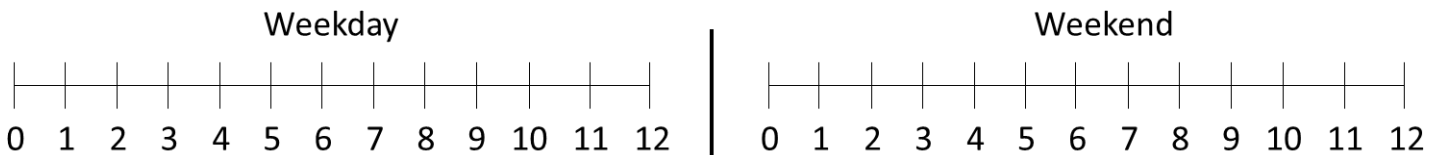
3. During a typical school year, how many hours per day did your child spend riding in a vehicle (car, bus or train)



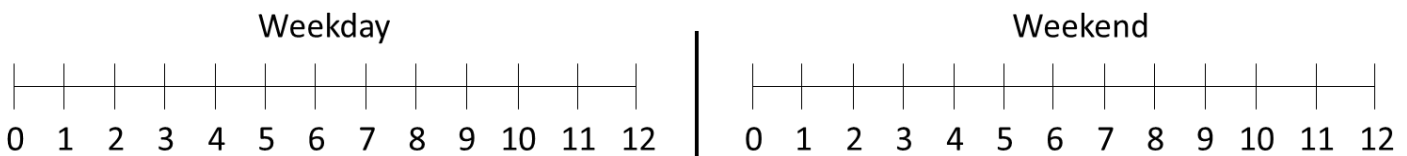
4. During a typical school year, how many hours per day did your child spend in indoor physical activities (exercise, sports, martial arts)



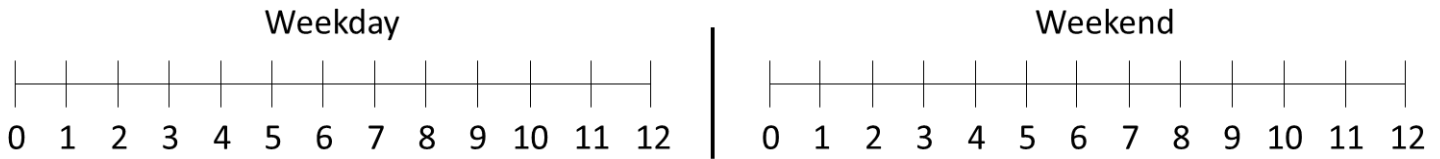
5. During a typical school year, how many hours per day did your child spend participating in fine arts (theatre, choir, orchestra, band, playing an instrument, etc.)



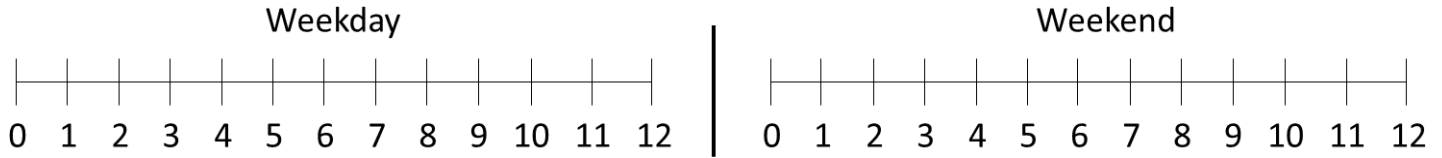
6. During a typical school year, how many hours per day did your child spend viewing a TV screen (movies, video games on a TV)



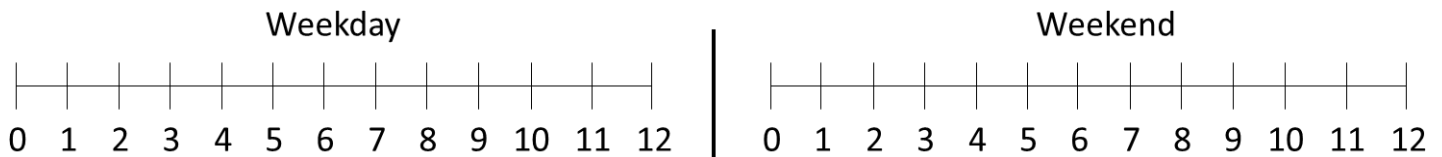
7. During a typical school year, how many hours per day did your child spend viewing a computer screen (homework, browsing, computer games)



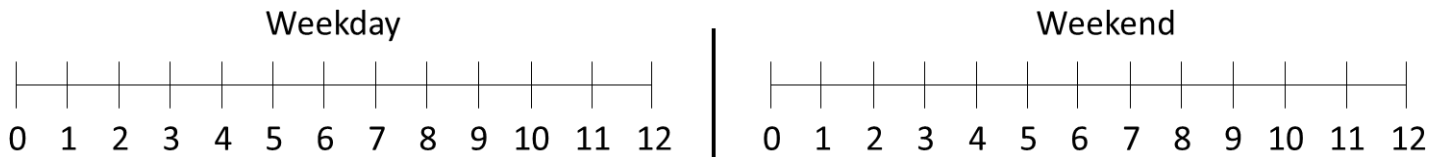
8. During a typical school year, how many hours per day did your child spend viewing a handheld electronic device (smart phone, tablet, handheld video games, kindle)



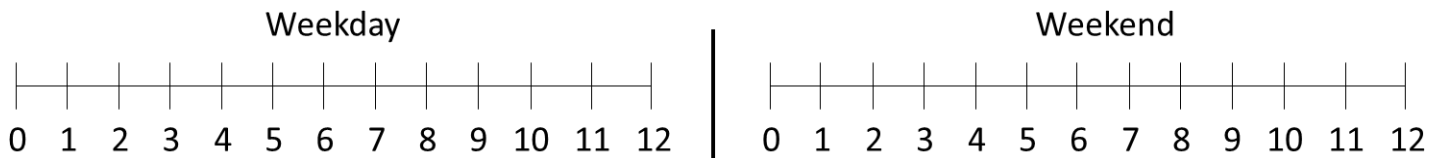
9. During a typical school year, how many hours per day did your child spend reading printed material (books, homework, newspaper, magazines)



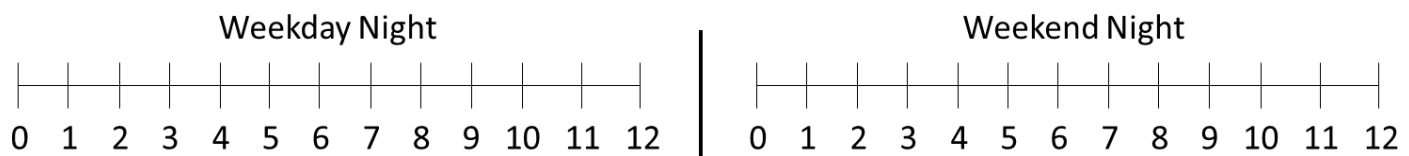
10. During a typical school year, how many hours per day did your child spend drawing, painting, or doing crafts?



11. During a typical school year, how many hours per day did your child spend playing card or board games (not electronic)



12. During a typical school year, how many hours of sleep did your child get per night?

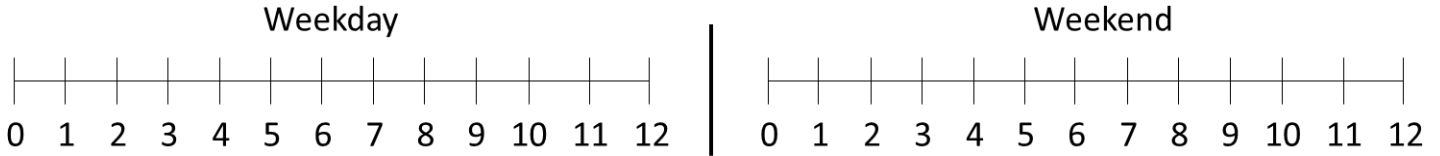




**PLEASE ANSWER THE FOLLOWING QUESTIONS  
CONSIDERING YOUR CHILD'S TIME DURING A TYPICAL  
SUMMER BEFORE THE COVID PANDEMIC,  
FOR EXAMPLE, SUMMER 2019**

**Please estimate and mark the number of hours PER DAY your child spends involved in these various activities DURING THE SUMMER BREAK when they are NOT at school on a weekday (Monday-Friday) and on a weekend day (Saturday-Sunday)**

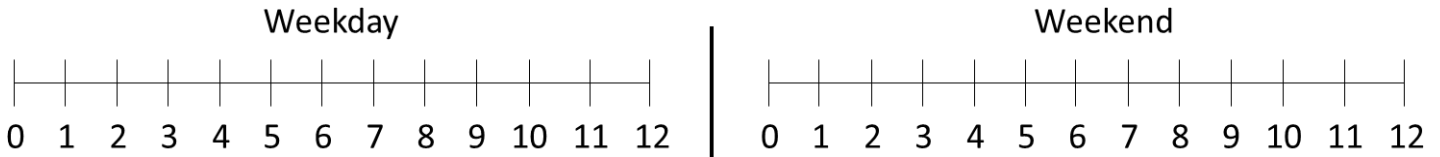
1. During a typical summer, how many hours per day did your child spend in outdoor physical activities (sports, swimming, walking, biking, running)



2. During a typical summer, how many hours per day did your child spend in outdoor leisure activities (eating, sitting, or resting outdoors)



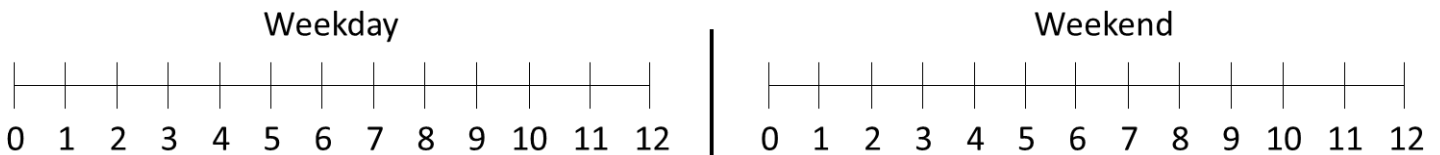
3. During a typical summer, how many hours per day did your child spend riding in a vehicle (car, bus or train)



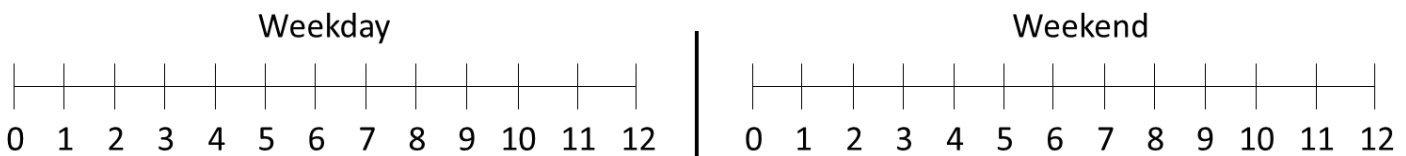
4. During a typical summer, how many hours per day did your child spend in indoor physical activities (exercise, sports, martial arts)



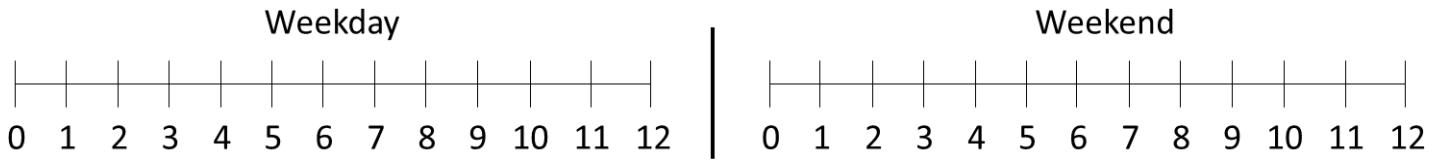
5. During a typical summer, how many hours per day did your child spend participating in fine arts (theatre, choir, orchestra, band, playing an instrument, etc.)



6. During a typical summer, how many hours per day did your child spend viewing a TV screen (movies, video games on a TV)



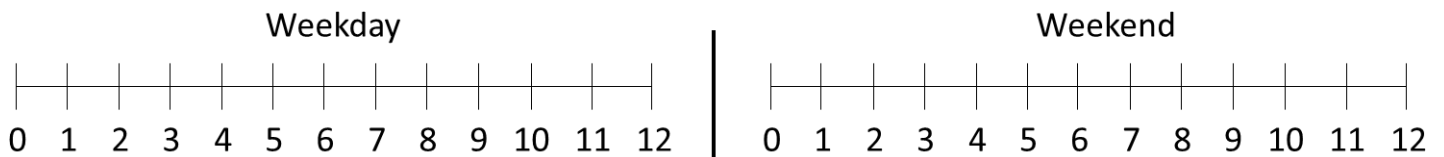
7. During a typical summer, how many hours per day did your child spend viewing a computer screen (homework, browsing, computer games)



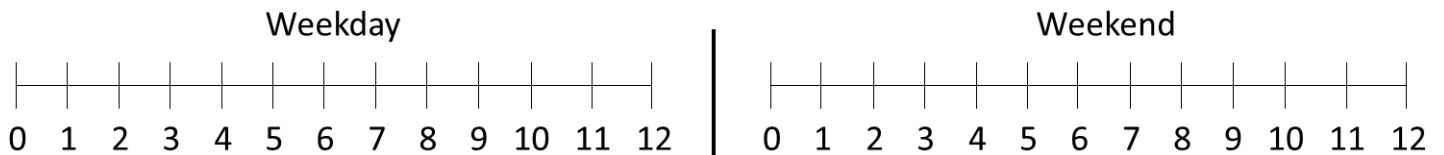
8. During a typical summer, how many hours per day did your child spend viewing a handheld electronic device (smart phone, tablet, handheld video games, kindle)



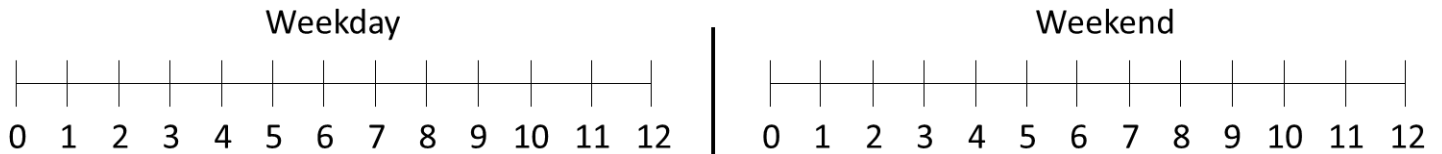
9. During a typical summer, how many hours per day did your child spend reading printed material (books, homework, newspaper, magazines)



10. During a typical summer, how many hours per day did your child spend drawing, painting, or doing crafts?



11. During a typical summer, how many hours per day did your child spend playing card or board games (not electronic)



12. During a typical summer, how many hours of sleep did your child get per night?

