University of Houston NEAR Survey Child's age: Child's Date of birth: How many siblings does the child have? Is your child Sephardic or Ashkenazi or other? select all that apply Name of City where your child lives Name of Street where your child lives Was your child born in Israel? ves no If not, what country were they born? How old was your child when he/she moved to Israel? Select the type of school your child attends: Religious public School Secular Public School Ultra-Orthodox School Other How many hours a day (Sunday-Thursday) is your child at school on average? Does your child study on Friday? If so, how many hours is your child at school on Friday? If your child is at an ultra-Orthodox school, please state when he/she is on vacation. At what age was your child taught to read in school? What are your child's average grades in school (circle)? • 50-60 • 61-70 • 71-80 • 81-90 • 91-100 Does your child wear glasses or contact lenses? yes no If yes, at what age did your child first get glasses or contacts? If yes, is the correction for: • distance (i.e. nearsighted) near (i.e. farsighted) both distance and near unsure

Is your child's prescription getting worse each year? _____yes _____no ____

 Has your child 	under	gone th	e follow	ing ocu	ılar prod	cedures	?					
 LASIK/laser re 	fractive	e correc	ction									
 myopia contro 	l conta	ct lense	s (orth	okerato	logy or	multifoc	al)					
unsure												
none												
Does the child's biolog	gical m	other w	ear gla	sses or	contac	t lenses	?	yes		no	unsı	ıre
If yes, is the corre	ection f	or seei	ng:	dista	ance _	ne	ar	both	า			
Age when mothe	r starte	d weari	ing glas	ses or	contact	s:	yea	ars old				
Does the child's biolog	gical fa	ther we	ar glas	ses or o	contact	lenses?		_yes		no	uns	sure
If yes, is the correction for seeing: distance near										_near	both	
Age when father	started	l wearin	g glass	es or c	ontacts:		yea	rs old				
SCHOOL YEAR when t	DUR when	ING TH your c kday (S	E SCH hild is N	OOL YE			Shab	hat				
		Less than 1 hour		3-4 hour s	5-6 hour s	7 or more hour s	Not at all	Less than 1 hour	1-2 hour s	3-4 hour s	5-6 hour s	7 or more hour s
1. Outdoor physical activities (sports, swimming, walking, biking, running)												
2. Outdoor leisure activities (eating, sitting, or resting outdoors)												
3. Riding in a vehicle (car, bus or train)												
4. Indoor physical activities (exercise, sports, martial arts)												
5. Viewing a TV screen (movies, video games)												
6. Viewing a computer screen (homework,												

browsing, computer

games)

11. How many hours of sleep does your child get on a week night? weekend night?											
10. Playing card or board games (not electronic)											
9. Drawing, painting, or writing											
8. Reading printed material (Praying, books, homework, newspaper, magazines,)											
7. Viewing a handheld electronic device (smart phone, tablet, handheld video games, kindle)											

Please mark the number of hours per day your child spends involved in these activities DURING THE SUMMER. Include time spent at camp or other activities.

	DURING THE SUMMER											
		de camp			ly activi	Shabbat						
	Not at all	kday (Si Less than 1 hour	1-2 hour s	3-4 hour s	5-6 hour s	7 or more hour s	Not at all	Less than 1 hour	1-2 hour s	3-4 hour s	5-6 hour s	7 or more hour s
Outdoor physical activities (sports, swimming, walking, biking, running)												
Outdoor leisure activities (eating, sitting, or resting outdoors)												
3. Riding in a vehicle (car, bus or train)												
4. Indoor physical activities (exercise, sports, martial arts)												
5. Viewing a TV screen (movies, video games)												
6. Viewing a computer screen (homework, browsing, computer games)												
7. Viewing a handheld electronic device (smart phone, tablet, handheld video games, kindle)												
8. Reading printed material (Praying, books, homework, newspaper, magazines,)												
Drawing, painting, or writing												
10. Playing card or board games (not electronic)												

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11. How many hours of sleep does your child get on a week night?	weekend night?
	