

# Beyond 20/20 Parent Impact Survey



## Working together to improve access to vision care

Information collected from this survey may be shared with Beyond 20/20 vision care providers to offer qualifying patients additional FREE vision health benefits including but not limited to a 2nd pair of FREE glasses and FREE subscription to the online EyeQ Training program.

**By checking this box, I acknowledge that my participation in this Survey is voluntary, and I have chosen to participate**  I acknowledge and agree to participate |  I do not wish to participate

**By checking this box, I understand that my participation in this Survey requires me to respond to future communication from the Beyond 20/20 Program using my preferred communication method as indicated.**  
 I acknowledge and agree to be contacted by Beyond 20/20 terms |  I do not wish to participate

### PATIENT INFORMATION

**Name – First/Last** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**School Name/Grade** \_\_\_\_\_ / \_\_\_\_\_

**Pediatrician Name** \_\_\_\_\_

**Has your child seen an eye doctor in last 5 yrs?**  Yes |  No    **Doctor Name:** \_\_\_\_\_

**When did your child last receive an eye exam?**  last year |  1-2 years ago |  3+ years ago |  Never

**Does your child currently wear glasses?**  Yes |  No    **Does your child have any reading difficulties?**  Yes |  No

**If your child has reading difficulties, does he/she receive any reading intervention services?**  Yes |  No

**How was your child referred to Beyond 20/20?**  Failed school screening |  Teacher |  Reading Specialist

**Is your child meeting grade level academic expectations?**  Yes |  No

**If yes, are school intervention services being received?**  Yes |  No

**Does your child currently have medical insurance?**  Yes |  No

**If child is insured, please indicate type of insurance:**  Medicaid |  Private |  Individual Market |  Don't Know

### PARENT INFORMATION

**Name – First/Last** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Email/Phone** \_\_\_\_\_ / \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**Preferred Contact Method:**  Hard Mail |  Email |  Phone

**Do you have access to a computer with internet connection?** (not required)  Yes |  No

**Which (if any) ethnicity listed below do you identify with?** (optional)  Caucasian |  African American |  Asian |  Native American |  Native Hawaiian or other Pacific Islander |  Hispanic/Latino |  Other

**Is there any history of eye disease in your immediate family (mom/dad/grandmother/grandfather)?**  Yes |  No

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## BARRIERS TO EYE CARE

**Has your child been referred to have an eye exam in the past 5 years?**  Yes |  No **If Yes, did you follow up with an eye doctor** (optometrist or ophthalmologist)?  Yes |  No

**Do you know (or have) a local eye doctor to see for follow up care?**  Yes |  No

**Has lack of vision/eye care caused your child to struggle in any of the following areas?** (check all that apply)  
 Seeing board  Reading  Writing  Confidence  Attention  Sports  Making Friends  Liking School  N/A

**What has kept you from getting your child an annual eye exam and/or glasses in the past?** (check all that apply)  
 No Insurance  Unaware of Vision Problem  Insurance Co-Pay  Too Expensive  No Transportation  
 Language Barrier  Scheduling Problems  Couldn't Find Doctor  Child Passed Pediatrician/School Screening

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## BEYOND 20/20 GOALS & OBJECTIVES

**This Program has raised my awareness about the importance of eye health in the following areas?** (check all that apply)  Education  Warning Signs & Symptoms  Importance of an Annual Eye Exam  Finding a Primary Eye Care Provider  Other \_\_\_\_\_

**How did you learn about Beyond 20/20?** (check all that apply)  Parent Flyer  School Nurse  Teacher  Other School Resource Staffer  Email  Friend/Family  School Newsletter  Other \_\_\_\_\_

**Do you need information about follow up care in case of referral?**  Yes |  No

**Did you know that Affordable Care Act ("ACA") passed by the Obama Administration in 2010 requires all Medicaid and Health Exchange Insurance plans to provide an annual comprehensive eye exam and eyeglass benefit for children under 18 years of age?**  Yes |  No

**Are you aware that school vision screenings miss up to 75% of children with vision problems and only comprehensive EYE EXAMS by an EYE DOCTOR (optometrist/ophthalmologist) can evaluate overall eye health and detect the range of learning-related vision problems?**  Yes |  No

OTHER COMMENTS:

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