



Vision in Preschoolers Study Phase II  
**Lay Screener Form**  
**For 4 or 5-Year-Old Children**  
 DO NOT PHOTOCOPY!

**Stereo Smile (LS 220.1)**

Identification (place ID label in the box below)

ID: ____ - ____ - ____ Name: _____
---------------------------------------

S1. Time IN: (Stamp Start Time in the box below. Press stamp until it stops.)

Start Time Stamp
------------------------

S2. Indicate last card with 4 correct

Unable to do Card A ( )<sub>0</sub> (STOP! Go to Next Page)

Card A ( )<sub>1</sub>

Card B ( )<sub>2</sub>

Card C ( )<sub>3</sub>

Card D ( )<sub>4</sub>

Go to the next card if <b>4 out of 4</b> or <b>4 out of 5</b> symbols are correctly identified.
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<sub>1</sub> ✓ if incomplete



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**Lea Visual Acuity: 4 or 5-year-olds (LV 221.1)**

Identification (place ID label in the box below)

ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_  
 Name: \_\_\_\_\_

L1. Time IN: (Stamp Start Time in the box below. Press stamp until it stops.)

Start  
 Time  
 Stamp

L2. Check unable box if child cannot complete Lea Pretest:

Unable ( )<sub>1</sub> (STOP! Go to next page)

L3. Right Eye



End testing for right eye when there are 2 "X"s on one line. If test is incomplete, write "I" on the first symbol not shown to child.

Baseline				
Disk				
Disk				

( ) ✓ if child correctly identified all cards presented with the right eye

L4. Left Eye



End testing for left eye when there are 2 "X"s on one line. If test is incomplete, write "I" on the first symbol not shown to child.

Baseline				
Disk				
Disk				

( ) ✓ if child correctly identified all cards presented with the left eye



# Lay Screener Form

## For 4 or 5-Year-Old Children

DO NOT PHOTOCOPY!

### Retinomax (LM 222.1)

Identification (place ID label in the box below)

ID: _____ - _____ - _____ Name: _____
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R1. Time IN: (Stamp Start Time in the box below. Press stamp until it stops.)

Start Time Stamp
------------------------

R2. Number of readings per eye

a. Right Eye

b. Left Eye

None (unable) ( )<sub>0</sub>

None (unable) ( )<sub>0</sub>

One ( )<sub>1</sub>

One ( )<sub>1</sub>

Two ( )<sub>2</sub>

Two ( )<sub>2</sub>

Three ( )<sub>3</sub>

Three ( )<sub>3</sub>

**Tape Retinomax printout  
HERE**

**Re-take if reliability number  
is less than 8.**

**For each eye, circle the line  
with the first reliability  
number that is 8,9 or 10.**

**Do not take more than 3  
readings per eye!!**

**Tape carefully on edges.**



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**SureSight Autorefractor (LA 223.1)**

Identification (place ID label in the box below)

ID: _____ - _____ - _____
Name: _____

A1. Time IN: (Stamp Start Time in the box below. Press stamp until it stops.)

Start Time Stamp
------------------------

A2. Number of readings per eye

- |                                |                                |
|--------------------------------|--------------------------------|
| a. <u>Right Eye</u>            | b. <u>Left Eye</u>             |
| None (unable) ( ) <sub>0</sub> | None (unable) ( ) <sub>0</sub> |
| One ( ) <sub>1</sub>           | One ( ) <sub>1</sub>           |
| Two ( ) <sub>2</sub>           | Two ( ) <sub>2</sub>           |
| Three ( ) <sub>3</sub>         | Three ( ) <sub>3</sub>         |

1. Time All Testing Completed (Stamp END Time in the box below. Press stamp until it stops.)

End Time Stamp
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2. Print Screener's Initials: \_\_\_\_\_  
   First    Last

3. Screener's Certification Number: \_\_\_\_\_

**Tape SureSight printout  
HERE**

**Re-take if reliability number  
is less than 6.**

**For each eye, circle the line  
with the first reliability  
number that is 6, 7, 8, or 9.**

**Do not take more than 3  
readings per eye!!**

**Tape carefully on edges.**