

**NATIONAL SURVEY OF HEALTH & DEVELOPMENT  
FAMILY STUDY OF EYESIGHT  
DECEMBER 1967**

1. a) Do either of you (the parents of our Survey Member) wear glasses?

|                          | Mother | Father |
|--------------------------|--------|--------|
| Yes, all the time        | 1      | 1      |
| Yes, sometimes           | 2      | 2      |
| Yes, used to but not now | 3      | 3      |
| No, but should do        | 4      | 4      |
| No, not required         | 5      | 5      |

b) When are they worn?

*(ring as many numbers as necessary)*

|                               | Mother | Father |
|-------------------------------|--------|--------|
| Never worn                    | 0      | 0      |
| Reading                       | 1      | 1      |
| Driving a car                 | 2      | 2      |
| Watching television           | 3      | 3      |
| At the cinema                 | 4      | 4      |
| For looking at near things    | 5      | 5      |
| For looking at distant things | 6      | 6      |

FOR THOSE WHO WEAR GLASSES

c) If the glasses are held away from the face, at a short distance (i.e. up to 6 ins.) above the print of a book, are the letters made:

*(ring more than one if necessary)*

|                     | Mother | Father |
|---------------------|--------|--------|
| Smaller             | 1      | 1      |
| Larger              | 2      | 2      |
| Other, namely _____ |        |        |

d) At what age did either the father or the mother start to wear glasses?

Mother \_\_\_\_\_ Years                      Father \_\_\_\_\_ Years

e) Who supplied the last pair of glasses?

Mother: Name \_\_\_\_\_ Father: Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_

**BROTHERS AND SISTERS (if any) of our Survey Member**

2. Please give the following information:

| Name | Sex | Age | Are Glasses Worn? | When Are They Worn? |
|------|-----|-----|-------------------|---------------------|
|      |     |     |                   |                     |

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS AND  
RETURN THIS FORM IN THE ENCLOSED REPLY PAID ENVELOPE**

THANK YOU VERY MUCH.

M.R.C. Unit, L.S.E.,  
Houghton Street, LONDON, W.C.2.