

孩子姓名 Name : _____ 出生日期 D.O.B _____
 填表者 Rater (關係/ Relationship) : _____ () 填寫日期 D.O.A : _____
 學校 School : _____ 年級 Grade : _____

試想像你/你的孩子正閱讀到一個地步，你/你的孩子不想繼續閱讀，很想停下來時候，在這時候閱讀是.....

Think about what reading is like when you get to the point where you want to stop reading

(A) 閱讀困難的情況 TYPES OF READING DIFFICULTIES	經常	有時	從不	不知道	職員填寫		
	Often	Sometimes	Never	D.K.			
1. 閱讀時會否意外地略過文字或行數 (即“跳行跳字”) Do you accidentally skip lines or sentence?					E		
2. 閱讀時會否不知閱讀到何處? Do you lose your place ?					E		
3. 閱讀時會否忽略了一些文字? Do you missed words?					E		
4. 閱讀時會否無意地跳過了一些文字? Do you unintentionally skip words?					E		
5. 閱讀時會否意外地重覆或翻讀某一行? Do you accidentally repeat or repeated lines					E		
6. 閱讀時會否從加插了在上—行或下一行的字? Do you insert words from lines above or below?					E		
7. 會否避免閱讀或朗讀? Do you avoid reading or reading aloud?							
8. 閱讀是否較慢且斷斷續續? Is your reading slow and choppy?					E		
9. 會否因為閱讀的底色是白色或其光面紙質而感到困擾? Are you bothered by white or glossy paper?						O	
10. 會否對於理解所閱讀的內容有困難? Do you have trouble understand what you read?							RC
11. 閱讀時，會否需要轉望其他地方或小休? Do you look away or take breaks?							
12. 閱讀時，會否表現得較不耐煩、活躍、容易分心? Are you restless, active, fidgety, or easily distracted?							
13. 會否感到閱讀愈來愈困難? Do you find reading get harder?							
14. 閱讀時，會否運用手指或筆頭協助? Do you use your finger or marker?					E		
15. 會否很容易忘記自己曾閱讀過的? Do you have trouble remembering what you read?							RC
16. 會否有困難把視線停留在正閱讀的字句上? Does it take effort to stay on the words that you are reading					E		
17. 還有甚麼影響你閱讀呢? (請註明:) What else bother your reading?							
1							
2.							
3.							
(職員填寫)總數					E	O	RC
(職員填寫)總分							
		+		=			

請翻後頁 Please turn over

試想像你/你的孩子正閱讀到一個地步，你/你的孩子不想繼續閱讀，很想停下來時候，在這時候閱讀是.....

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(B) 閱讀時的困擾情況 TYPES OF STRAIN & FATIGUE WHEN READING	經常	有時	從不	不知道	職員填寫		
	Often	Sometimes	Never	D.K.			
1. 眼睛會否感到不適? Do your eyes bother you?							
2. 眼睛會否發紅或流眼水? Do they get red or watery?							
3. 眼睛會否感到受傷、痛楚或灼熱? Do they hurt, ache, or burn?							
4. 眼睛會否感到乾、好像有沙或痕癢? Do you feel dry, sandy, scratchy, or itchy?							
5. 會否搓揉眼睛或其周邊部分 Do you rub your eyes or around your eyes?							CO
6. 會否感到疲倦、昏昏欲睡、甚至筋疲力盡呢? Do you feel tired, drowsy, or fatigue?							
7. 會否感到頭昏腦脹? Does your head bother you?							
8. 會否感到頭痛? Do you get a headache?							
9. 會否感到頭暈? Do you get dizzy?							
10. 會否感到噁心、作嘔? Do you feel nauseated?							
11. 會否瞪大眼睛? Do you open your eyes wide?							CO
12. 會否斜視或皺眉? Do you squint or frown?							CO
13. 有否發現經常眨眼? Do you find yourself blinking frequently?							CO
14. 有否移近或遠離了頁面? Do you move closer to or further from the page?							CO
15. 在光管下閱讀會否感到不適? Does it bother you to read under fluorescent light?						O	
16. 在強光下閱讀會是否較困難? Is it harder to read in bright light?						O	
17. 還有沒有其他不適? What else happens?							
(職員填寫)總數					E	O	CO
(職員填寫)總分		+	=				