

Supplementary material 1.

Pre – appointment information

1) **Has your child had an eye test within the past year?**

Yes

No

2) **Does your child wear glasses?**

Yes

No

Supposed to

Previously worn

3) **Does your child wear a patch?**

Yes

No

4) **Does your child have a squint?**

Yes

No

5) **Do you have any concerns about your child's vision?**

Yes

No

(if yes please expand in the box below)

5) **Is there any family history of eye sight problems?**

Yes

No

(if yes please expand in the box below)

Thank you for taking the time to answer these questions. If you have any further questions or comments you feel would be helpful please complete them in the box below.