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**Patching Party Audit**

To be completed by an Orthoptist with parent for all patching amblyopia patients.

Please register your Patching Party audit for research purposes with [**visibilityleads@orthoptics.org.uk**](mailto:visibilityleads@orthoptics.org.uk)

**Section 1: Patient Demographics**

Age Group:

☐ 0-3 years

☐ 4-6 years

☐ 7+ years

Gender:

☐ Male

☐ Female

☐ Other/Prefer not to say

Reasonable adjustments:

☐ Additional needs (eg., autism, learning difficulties)

☐ Hearing Impairment

☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of Amblyopia Treatment:

☐ Less than 6 months

☐ 6-12 months

☐ 1-2 years

☐ 2+ years

**Section 2: Patching Therapy Compliance**

How often is the eye patch worn as prescribed?

☐ Always

☐ Most of the time (75-90%)

☐ Sometimes (50-74%)

☐ Rarely (less than 50%)

☐ Never

What is the typical duration of patching each day?

☐ Less than 1 hour

☐ 1-2 hours

☐ 3-4 hours

☐ 6 hours

What was the prescribed duration of patching each day?

☐ Less than 1 hour

☐ 1-2 hours

☐ 3-4 hours

☐ 6 hours

What are the main challenges faced by the patient in adhering to patching?

(Check all that apply)

☐ Discomfort or irritation

☐ Blurry vision

☐ Peer teasing or social stigma

☐ Forgetting to wear the patch

☐ Inconvenience with daily routines

☐ Poor motivation or resistance to treatment

☐ Lack of parental understanding

☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you observed a decline in patching adherence over time?

☐ Yes, significant decline

☐ Yes, slight decline

☐ No change

☐ Improvement in adherence

**Section 3: Proposed Patching Party**

What types of activities would make a patching party more enjoyable for your child?

(Check all that apply)

☐ Interactive games (e.g., arts and crafts, puzzles)

☐ Social events (e.g., snack time, playtime)

☐ Incentives or rewards for participation (e.g., prizes, certificates, party bags)

☐ Peer support or sharing experiences

☐ Group Question Time

☐ Educational talks (e.g., about the importance of patching therapy)

☐ Story time with large-print books

☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you prefer a virtual patching party or in-person event?

☐ Virtual

☐ In-person

☐ Hybrid (both virtual and in-person options)

Would you be willing to attend a patching party for your child?

☐ Yes, definitely

☐ Maybe, depending on logistics

☐ No, not interested

Would you be happy for your child to be included in photographs/filming of the party for the British and Irish Orthoptic Society to raise awareness of patching and Orthoptics?

☐ Yes, definitely

☐ Maybe, I need further information

☐ No, not interested

Do you have any additional comments or concerns regarding amblyopia treatment or patching parties?

(Optional)

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If you would like your child to be invited to an upcoming patching party, please leave your details below:

Child’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s MRN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_