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Clarifications to Consider Regarding Multiple-Choice Answer Form Completion Time in Children With Amblyopia and Strabismus

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To the Editor Dr Gao's commentary¹ that accompanies our Brief Report titled "Multiple-Choice Answer Form Completion Time in Children With Amblyopia and Strabismus,"² raised questions that we believe are addressed in the article or that do not affect the interpretation of study results. We thank Dr Gao for the opportunity to clarify these concerns.

Dr Gao states it is unclear whether the reported slower Scantron completion times in children with amblyopia and strabismus are because of slow reading or slow form completion. We stated in the Methods section of the article² that correct answers were already circled and that the task was to transcribe the circled answers to the form without reading the passages or questions. No reading was required, so we do not believe that slow reading accounts for slower form completion.

In addition, suggesting that children should be masked to their eye condition¹ does not make sense to us. Children cannot be allocated and masked to an eye condition; children were enrolled because of their diagnosis of amblyopia or strabismus. Dr Gao's hypothesis¹ that awareness of their eye condition could induce children to try to complete the test more quickly than control participants is not supported by the data; they were slower.² She suggests they may double check their answers,¹ but we do not believe there was a need to check the answers, because no reading was required.

Dr Gao suggests¹ that failing to mask researchers may have led to altered instructions or timing criteria. We state in the Methods section² that the same instructions were given to all children (ie, to transfer answers to the Scantron form as quickly and accurately as possible and say "stop" when finished). The researcher stopped the stopwatch based on the child's cue; it is difficult to see how an unconscious bias could cause an increase in completion time by 28% (>1 minute).

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Dr Gao suggests¹ that allowing children to wear their habitual correction may have been a limitation. The objective of the study, as stated in the introduction section,² was to determine whether fine motor skills deficits previously reported in the laboratory had real-world consequences in an academic situation, one in which children are wearing their habitual correction.

Dr Gao¹ is correct that not all children with amblyopia and strabismus need academic accommodations, but we do not believe she is correct in stating that we “prematurely advocate for academic accommodations.”^{1(p942)} Rather, in the article, we stated that “children with a history of abnormal binocular visual experience may perform more poorly”^{2(p940)} and that this “may hinder academic success.”^{2(p938)}

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