BLINK RATE EVALUATION

Work-Sheet

AIM: To evaluate blink frequency and completeness.

Name of Subject: **Age**

Student' Name: **Date**

1. Sit in front of the subject.
2. Keep stop watch in your hand.
3. Doesn't say anything to the subject.
4. Keep your eye an subject's eyes.
5. Count the number of times the subject blinks.
6. Record full blink and partial blink separately.

No. of blinks per minute_____

Partial blink_____

Full blink_____