



SYMPTOM CHECKLIST

Name	Date
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Please circle the number that best describes how often you experience each symptom.

0 = never, 1 = seldom, 2 = occasionally, 3 = frequently, 4 = always

1	Blur when looking at near	0	1	2	3	4
2	Double vision, doubled or overlapping words on page	0	1	2	3	4
3	Headaches while or after doing near vision work	0	1	2	3	4
4	Words appear to run together when reading	0	1	2	3	4
5	Burning, itching, stinging, or watery eyes	0	1	2	3	4
6	Falling asleep when reading	0	1	2	3	4
7	Seeing and visual work is worse at the end of the day	0	1	2	3	4
8	Skipping or repeating lines when reading	0	1	2	3	4
9	Dizziness or nausea associated with near work	0	1	2	3	4
10	Head tilt or one eye is closed or covered while reading	0	1	2	3	4
11	Difficulty copying from chalkboard	0	1	2	3	4
12	Reversals of letters like b, d, p, & q	0	1	2	3	4
13	Avoidance of doing near work such as reading	0	1	2	3	4
14	Omitting (dropping out) small words when reading	0	1	2	3	4
15	Writing uphill or downhill	0	1	2	3	4
16	Misaligning digits in columns of numbers	0	1	2	3	4
17	Reading comprehension low, or declines as day wears on	0	1	2	3	4
18	Poor, inconsistent performance in sports	0	1	2	3	4
19	Holding books too close, leans too close to computer screen	0	1	2	3	4
20	Trouble keeping attention centered on reading	0	1	2	3	4
21	Difficulty completing assignments in reasonable time	0	1	2	3	4
22	First response is "I can't" before trying	0	1	2	3	4
23	Avoiding sports and games	0	1	2	3	4
24	Poor hand/eye coordination, such as poor handwriting	0	1	2	3	4
25	Inability to estimate distances accurately	0	1	2	3	4
26	Clumsy, accident prone, knocks things over	0	1	2	3	4
27	Misplaces or loses papers, objects, belongings	0	1	2	3	4
28	Car sickness/motion sickness	0	1	2	3	4
29	Forgetful, poor memory	0	1	2	3	4
30	Very sensitive to lighting (too light or dark) when reading	0	1	2	3	4