



**COLLEGE OF
OPTOMETRISTS IN
VISION DEVELOPMENT**

PREVENTION • ENHANCEMENT • REHABILITATION

Patient's Name: _____

Completed By: _____

Date: _____

Check the column which best represents the occurrence of each symptom.	Never 0	Seldomly 1	Occasionally 2	Frequently 3	Always 4
Blur when looking at near					
Double Vision					
Headaches with near work					
Words run together reading					
Burning, itchy, watery eyes					
Falls asleep reading					
Sees worse at the end of the day					
Skips/repeats lines when reading					
Dizziness/nausea with near work					
Head tilt/closing one eye when reading					
Difficulty copying from chalkboard					
Avoids near work/reading					
Omits small words when reading					
Writes uphill/downhill					
Misaligens digits/columns of numbers					
Reading comprehension down					
Poor/inconsistent in sports					
Holds reading too close					
Trouble keeping attention on reading					
Difficulty completing assignments on time					
Always says "I can't" before trying					
Avoids sports/games					
Poor hand/eye (poor handwriting)					
Does not judge distance accurately					
Clumsy, knocks things over					
Does not use his/her time well					
Does not make change well					
Loses belongings/things					
Car/motion sickness					
Forgetful/poor memory					