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Symptom Checklist

Name: _____ Date: _____

Please complete this questionnaire. After each symptom listed, circle the number that best describes how often you experience that particular problem.

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

1. Blurred vision at near	0	1	2	3	4
2. Double vision	0	1	2	3	4
3. Headaches associated with near work	0	1	2	3	4
4. Words run together when reading	0	1	2	3	4
5. Burning, stinging, watery eyes	0	1	2	3	4
6. Falling asleep when reading	0	1	2	3	4
7. Vision 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 closing one eye when reading	0	1	2	3	4
11. Difficulty copying from the chalkboard	0	1	2	3	4
12. Reversals of letters like b's, d's, p's, q's	0	1	2	3	4
13. Avoidance of reading and near work	0	1	2	3	4
14. Omitting 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 declining over time	0	1	2	3	4
18. Inconsistent/poor sports performance	0	1	2	3	4
19. Holding reading material too close	0	1	2	3	4
20. Short attention span	0	1	2	3	4
21. Difficulty completing assignments in reasonable time	0	1	2	3	4
22. Saying "I can't" before trying	0	1	2	3	4
23. Avoiding sports and games	0	1	2	3	4
24. Difficulty with hand tools (scissors, keys)	0	1	2	3	4
25. Inability to estimate distances accurately	0	1	2	3	4
26. Tendency to knock things over on desk or table	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. Forget, poor memory	0	1	2	3	4
30. Very sensitive to lighting (too light/dark) when reading	0	1	2	3	4

TOTAL: _____

Total scores above 30 or any one question above "3" raise suspicion about a potential vision problem.

Check any that apply:

ILP _____ 504 _____ IEP _____ Speech/Language _____

Tutor for _____ Repeated a grade _____, if yes, which? _____

Occupational Therapy _____ Physical Therapy _____ Other _____