

Symptoms of Vision Problems (Please check all that apply)

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| <input type="checkbox"/> Skips lines when reading or copying | <input type="checkbox"/> Poor spelling skills |
| <input type="checkbox"/> Loses place while reading or copying | <input type="checkbox"/> Writing is crooked or poorly spaced |
| <input type="checkbox"/> Skips words while reading or copying | <input type="checkbox"/> Misaligns letters or numbers |
| <input type="checkbox"/> Substitutes words while reading or copying | <input type="checkbox"/> Makes errors copying |
| <input type="checkbox"/> Rereads words or lines | <input type="checkbox"/> Difficulty tracking moving objects |
| <input type="checkbox"/> Reverses letters, numbers or words | <input type="checkbox"/> Unusual clumsiness, poor coordination |
| <input type="checkbox"/> Uses a finger or marker to keep place while reading/writing | <input type="checkbox"/> Difficulty with sports involving good eye-hand coordination |
| <input type="checkbox"/> Reads very slowly | <input type="checkbox"/> Eyes turn in or out |
| <input type="checkbox"/> Poor comprehension | <input type="checkbox"/> Sees more clearly with one eye rather than the other. |
| <input type="checkbox"/> Difficulty remembering what has been read | <input type="checkbox"/> Feels sleepy when reading |
| <input type="checkbox"/> Holds head too close when reading/writing (within 7-8 in.) | <input type="checkbox"/> Dislikes tasks requiring sustained concentration |
| <input type="checkbox"/> Squints, closes, or covers one eye while reading | <input type="checkbox"/> Avoids near tasks such as reading |
| <input type="checkbox"/> Unusual posture/head tilt when reading/writing | <input type="checkbox"/> Confuses right and left directions |
| <input type="checkbox"/> Headaches following intense reading/computer work | <input type="checkbox"/> Becomes restless when working at school or while doing homework |
| <input type="checkbox"/> Eyes feel hurt or tired after reading | <input type="checkbox"/> Tends to lose awareness of surroundings when concentrating |
| <input type="checkbox"/> Feels unusually tired after completing a visual task | <input type="checkbox"/> Must "feel" things to see them |
| <input type="checkbox"/> Double vision | <input type="checkbox"/> Carsickness |
| <input type="checkbox"/> Vision blurs at distance when looking up from near work | <input type="checkbox"/> Unusual blinking |
| <input type="checkbox"/> Letters or lines "run together" or words "jump" when reading" | <input type="checkbox"/> Unusual eye rubbing |
| <input type="checkbox"/> Print seems to move or go in and out of focus when reading | <input type="checkbox"/> Dry eyes |
| | <input type="checkbox"/> Watery eyes |
| | <input type="checkbox"/> Red eyes |
| | <input type="checkbox"/> Eyes bothered by light |
| | <input type="checkbox"/> Homework takes longer than it should |

Patient Name: _____ Parent Name: _____ Date: _____