

Developmental Vision & Rehabilitation

Dan L. Fortenbacher, O.D., FCOVD Alyssa L. Bartolini, O.D., FCOVD

Please fill in 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     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 "bis" & "dis" or "pis" & "qis""   0   1   2   3   4 <th colspan="2">Name</th> <th></th> <th>Date</th> <th></th> <th></th> <th></th>	Name			Date				
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     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's" & "d's" or "p's" & "q's"   0   1   2   3   4     13. Avoidance of doing near work such as reading   0   1   2   3   4     14. Omitting (d	Please fill in the number that best describes how often you experience each symptom.							
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 tilf 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's" & "d's" or "p's" & "q's"   0   1   2   3   4     13.	0 = never, $1 = seldom$ , $2 = occasionally$ , $3 = frequently$ , $4 = always$ .							
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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.   Dizzness 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's" & "d's" or "p's" & "q's"   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.	2.	Double vision, doubled or overlapping words on page	0	1	2	3	4	
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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's" & "d's" or "p's" & "q's"   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	5.	Burning, itching, stinging, or watery eyes	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's" & "d's" or "p's" & "q's"   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     20. <td>6.</td> <td>Falling asleep when reading</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td>	6.	Falling asleep when reading	0	1	2	3	4	
9. Diziness or nausea associated with near work0123410. Head till or one eye is closed or covered while reading0123411. Difficulty copying from chalkboard0123412. Reversals of letters like "b's" & "d's" or "p's" & "q's"0123413. Avoidance of doing near work such as reading0123414. Omitting (dropping out) small words when reading0123415. Writing uphill or downhill0123416. Misaligning digits in columns of numbers0123417. Reading comprehension low, or declines as day wears on0123418. Poor, inconsistent performance in sports0123420. Trouble keeping attention centered on reading0123421. Difficulty completing assignments in reasonable time0123422. First response is "1 can't" before trying0123423. Avoiding sports and games0123424. Poor hand/eye coordination, such as poor handwriting0123425. Inability to estimate distances accurately0123426. Clumsy, accident prone, knocks things over0123427. Misplaces or loses papers, objects, belongings0 <t< td=""><td>7.</td><td>Seeing and visual work is worse at the end of the day</td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td></t<>	7.	Seeing and visual work is worse at the end of the day	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's" & "d's" or "p's" & "q's"   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     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 "1 can't" before trying   0   1   2   3   4	8.	Skipping or repeating lines when reading	0	1	2	3	4	
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26. Clumsy, accident prone, knocks things over0123427. Misplaces or loses papers, objects, belongings0123428. Car sickness/motion sickness0123429. Forgetful, poor memory01234	24.	Poor hand/eye coordination, such as poor handwriting	0	1	2	3	4	
27. Misplaces or loses papers, objects, belongings0123428. Car sickness/motion sickness0123429. Forgetful, poor memory01234	25.	Inability to estimate distances accurately	0	1	2	3	4	
28. Car sickness/motion sickness   0   1   2   3   4     29. Forgetful, poor memory   0   1   2   3   4	26.	Clumsy, accident prone, knocks things over	0	1	2	3	4	
29. Forgetful, poor memory     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	
30. Very sensitive to lighting (too light or dark) when reading 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	