



SYMPTOM CHECKLIST

Developmental Vision & Rehabilitation

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Name	Date
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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
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
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