

VISUAL SYMPTOMS CHECKLIST

Student's Name: _____

Age: _____

Grade Level: _____

Date: _____

Teacher's/Parent's name: _____

Please ask the student the following questions.

	YES	NO
1. Do your eyes feel tired when reading or doing close work?	_____	_____
2. Do your eyes feel uncomfortable when reading or doing close work?	_____	_____
3. Do you have headaches when reading or doing close work?	_____	_____
4. Do you feel sleepy when reading or doing close work?	_____	_____
5. Do you lose concentration when reading or doing close work?	_____	_____
6. Do you have trouble remembering what you read?	_____	_____
7. Do you have double vision when reading or doing close work?	_____	_____
8. Do you see the words move, jump, swim, or appear to float on the page when reading or doing close work?	_____	_____
9. Are you a slow reader?	_____	_____
10. Do your eyes hurt when reading or doing close work?	_____	_____
11. Do your eyes feel sore when reading or doing close work?	_____	_____
12. Do your eyes feel like they're pulling when reading/doing close work?	_____	_____
13. Do the words blur or come in and out of focus when reading?	_____	_____

List any other complaints your student makes concerning his/her vision:

Have you or anyone else ever noticed the following when observing this student:

	YES	NO
1. Eyes frequently reddened	_____	_____
2. Frequent eye rubbing	_____	_____
3. Frequent sty-eye (pimple on eyelid)	_____	_____
4. Frowning	_____	_____
5. Excessive blinking	_____	_____

	YES	NO
6. Bothered by light	_____	_____
7. Closes or covers an eye	_____	_____
8. Difficulty seeing distant objects	_____	_____
9. Head close to paper when reading or writing	_____	_____
10. Avoids/dislikes reading or other near tasks	_____	_____
11. Tilts head when reading or writing	_____	_____
12. Student says that he/she "hates reading"	_____	_____
13. Moves head when reading	_____	_____
14. Confuses letters and words	_____	_____
15. Reverses letters and words when reading	_____	_____
16. Reverses letters and words when writing	_____	_____
17. Confuses right or left	_____	_____
18. Skips, omits words	_____	_____
19. Loses place when reading	_____	_____
20. Uses finger as marker	_____	_____
21. Poor reading comprehension	_____	_____
22. Reading comprehension starts off well, but deteriorates over time	_____	_____
23. Writes or prints poorly	_____	_____
24. Difficult copying from the board	_____	_____
25. Tires easily	_____	_____
26. Difficulty with short term memory	_____	_____
27. Difficulty with long term memory	_____	_____
28. Short attention span/loses interest	_____	_____
29. Inconsistent academic performance	_____	_____
30. Poor/awkward large motor coordination	_____	_____
31. Poor/awkward fine motor coordination	_____	_____
32. Dislikes/avoids sports	_____	_____
33. Difficulty hitting/catching a ball	_____	_____
34. Inconsistent athletic performance (if student-athlete)	_____	_____

Please ask the student:

	YES	NO
1. Do you feel that you have a problem with your reading?	_____	_____
2. If eyeglasses will help you read better, are you willing to wear glasses?	_____	_____