

# PATIENT INFORMATION



Patient First & Last Name

Middle Initial

Birth Date

Address

City, State, Zip

Phone Number

# SYMPTOM SURVEY

**Patient Instructions:** Please answer the following questions about how your eyes feel when reading or doing close work.

**NOTE:** If patient is a child, please read the instructions and then each item exactly as written. If a patient responds with a "yes" please qualify with frequency choices. Do not give examples.

## PATIENT QUESTIONS

	NEVER	NOT VERY OFTEN	SOMETIMES	FAIRLY OFTEN	ALWAYS
1) Do your eyes feel tired when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Do your eyes feel uncomfortable when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Do you have headaches when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Do you feel sleepy when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Do you lose concentration when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Do you have trouble remembering what you have read?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Do you have double vision when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Do you see the words move, jump, swim or appear to float on the page when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Do you feel like you read slowly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Do your eyes ever hurt when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Do your eyes ever feel sore when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12) Do you feel a "pulling" feeling around your eyes when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13) Do you notice the words blurring or coming in and out of focus when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14) Do you lose your place when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15) Do you have to reread the same line of words when reading?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TOTAL SCORE: \_\_\_\_\_

\_\_\_x 0

\_\_\_x 1

\_\_\_x 2

\_\_\_x 3

\_\_\_x 4