



Visual Symptoms Survey

Name _____

Date _____ Age _____

After you consider each question, mark the column that applies to the person you are assessing.

		NEVER	SELDOM	OCCASIONAL	FREQUENTLY	ALWAYS
Vision blurs when reading, writing, or working on computer	A	0	1	2	3	4
Headaches when reading, writing, or working on computer	A	0	1	2	3	4
Words go double or appear to move around when reading	B	0	1	2	3	4
Burning, itching or watery eyes when reading	A	0	1	2	3	4
Loses place when reading	OM	0	1	2	3	4
Tilts head or closes/covers one eye when reading	B	0	1	2	3	4
Difficulty copying from the whiteboard/chalkboard	A	0	1	2	3	4
Avoids near work such as reading or writing	B	0	1	2	3	4
Skips over or leaves out small words when reading	OM	0	1	2	3	4
Writes uphill or downhill; difficulty writing in a straight line	O	0	1	2	3	4
Difficulty lining up numbers when doing math	OM	0	1	2	3	4
Difficulty understanding what you read / poor comprehension	P	0	1	2	3	4
Holds books too close; leans too close to computer screen	A	0	1	2	3	4
Difficulty keeping attention on reading material	B	0	1	2	3	4
Difficulty finishing assignments on time	P	0	1	2	3	4
First response is "I can't" before trying	P	0	1	2	3	4
Clumsy, bumps into things, knocks things over	O	0	1	2	3	4
Does not use time well when doing near work (homework)	P	0	1	2	3	4
Loses belongings and things	P	0	1	2	3	4
Forgetful, poor memory	P	0	1	2	3	4
<i>Totals</i>						

20-24 points = suspect	25 or more = refer for care	Total Score =
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