ISVA
International Sports Vision Association™
Maximizing Athletic Performance Through Vision Training and Enhancement

Livingston EyeCare Associates

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www.livingstoneyecare.com

SPORTS VISION QUESTIONNAIRE

In sports, vision has the potential to affect an athlete's performance. So that we may begin to better understand the visual factors that may contribute to helping you achieve peak performance, please fill out this brief questionnaire and bring it with you on the day of your appointment.

1. Athlete Information

Last Name First Name

Date of Birth

Address

City State Zip

Telephone

Email

2. Tell Us About Yourself

Parent please fill out for minor.

Primary Sport Position(s)

Level you now play (check one):

☐ Recreational/Intramural ☐ School Team or Sports Club
☐ Amateur ☐ Professional

Coach/Athletic Trainer

Additional Sports & Activities

Please complete the following, if applicable:

What hand do you throw with? ☐ Right ☐ Left ☐ Switch
Which way do you bat/swing? ☐ Right ☐ Left ☐ Switch
Which foot do you kick with? ☐ Right ☐ Left ☐ Switch

Which eye would you consider to be more dominant?

☐ Right ☐ Left ☐ Not sure

Have you ever had a concussion or head injury?

☐ Yes ☐ No

If Yes, when was the most recent concussion?

If Yes, how many concussions have you had in your life?

3. Visual History

Date of most recent eye exam

Name of Provider of last eye exam

Do you wear vision correction while playing sports?

☐ Yes ☐ No

If yes, check all that apply: ☐ Glasses ☐ Contacts ☐ Both

Do you take any nutritional supplements? ☐ Yes ☐ No

If yes, please list

Would you like us to send a progress report to your eye care practitioner and/or athletic trainer/coach upon completion of a performance vision training program? ☐ Yes ☐ No

If yes, please provide name and contact information (email or mailing address)

4. Visual Performance Please note how often you experience each item below:

EYEWEAR USED FOR SPORTS	Never	Seldom	Occasionally	Frequently	Always
I wear my everyday wear glasses/sunglasses when playing sports	☐	☐	☐	☐	☐
I wear contact lenses when playing sports	☐	☐	☐	☐	☐
I wear sports-specific protective eyewear when playing sports	☐	☐	☐	☐	☐
BEFORE I GO OUT ON THE FIELD/COURT	Never	Seldom	Occasionally	Frequently	Always
I do visual exercises to enhance my vision	☐	☐	☐	☐	☐
WHEN PLAYING SPORTS, I...	Never	Seldom	Occasionally	Frequently	Always
Have difficulty seeing/following moving targets (i.e., Ball, puck, opponent)	☐	☐	☐	☐	☐
Have difficulty judging speed, distance, spin, or location of ball/puck or teammates/opponents	☐	☐	☐	☐	☐
Experience loss of concentration/focus	☐	☐	☐	☐	☐
Have trouble with balance and/or timing	☐	☐	☐	☐	☐
Have trouble with depth perception (over- or under-estimate distances)	☐	☐	☐	☐	☐
Find indoor lighting uncomfortable (too much glare)	☐	☐	☐	☐	☐
Am sensitive to bright sun or light when playing outdoors	☐	☐	☐	☐	☐
Have difficulty seeing at dusk	☐	☐	☐	☐	☐
Have difficulty adapting to changes in lighting (i.e., moving from shade into sun)	☐	☐	☐	☐	☐
Have difficulty distinguishing different colors	☐	☐	☐	☐	☐
Have difficulty distinguishing between teammates/opponents	☐	☐	☐	☐	☐
Find that my side (peripheral) vision is distorted	☐	☐	☐	☐	☐
Have difficulty positioning myself in relation to other people or objects (i.e., lining up correctly in football)	☐	☐	☐	☐	☐
Am unable to screen out visual or audible distractions and stay focused	☐	☐	☐	☐	☐
Notice reduced performance as stress builds	☐	☐	☐	☐	☐
Have difficulty remembering details from previous performance	☐	☐	☐	☐	☐

Please give a brief description of your sport performance, highlighting your strengths and weaknesses as an athlete:

What areas would you like to improve?:

- ☐ Tracking
- ☐ Reaction Time
- ☐ Peripheral Awareness
- ☐ Eye-Hand Coordination
- ☐ Visualization
- ☐ Depth Perception
- ☐ Judging Distance
- ☐ Judging Speed
- ☐ Concentration
- ☐ Attentional Focus
- ☐ Consistency in Performance
- ☐ Decreasing Distractibility

Is there any aspect of your visual function that you feel limits or restricts your performance? (If yes, please explain):

If not listed above, please list any specific areas you would like to improve in your game:

Athlete Signature

Name of Parent/Guardian (if signing for minor)

Date Signed

Parent/Guardian Signature