

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

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

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

What areas would you like to improve?:

- | | |
|--|---|
| <input type="checkbox"/> Tracking | <input type="checkbox"/> Judging Distance |
| <input type="checkbox"/> Reaction Time | <input type="checkbox"/> Judging Speed |
| <input type="checkbox"/> Peripheral Awareness | <input type="checkbox"/> Concentration |
| <input type="checkbox"/> Eye-Hand Coordination | <input type="checkbox"/> Attentional Focus |
| <input type="checkbox"/> Visualization | <input type="checkbox"/> Consistency in Performance |
| <input type="checkbox"/> Depth Perception | <input type="checkbox"/> Decreasing Distractibility |

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

Athlete Signature

Date Signed

Name of Parent/Guardian (if signing for minor)

Parent/Guardian Signature