



VISION PERFORMANCE

Symptom Checklist

Everyone sees the world in a different way! Help us understand the vision concerns you are experiencing. Please rate the frequency of each symptom according to the table to the right.

Name: _____ Date: _____

Never	Seldom	Occasionally	Frequently	Always
0	1	2	3	4

Appearance of Eyes (H11.439, H04.203, G24.5)

	0	1	2	3	4
Reddened eyes or lids and/or frequent styes	0	1	2	3	4
Excessive tearing of eyes	0	1	2	3	4
Eye turns in, out, up, or down	0	1	2	3	4
Excessive blinking	0	1	2	3	4

Visual Comfort (H53.143, H53.71)

	0	1	2	3	4
Fall asleep while reading and/or fatigue easily with near work	0	1	2	3	4
Headaches during or after visual activity	0	1	2	3	4
Eyes hurt or feel tired	0	1	2	3	4
Visual comfort worse at end of day	0	1	2	3	4
Glare or light sensitivity	0	1	2	3	4
Car sickness, overwhelmed with driving	0	1	2	3	4
Motion sickness, overwhelmed in crowds, crowded areas, or grocery aisles	0	1	2	3	4
Dizziness, nausea with near work	0	1	2	3	4
Emotional anxiety, difficulty sleeping	0	1	2	3	4

Refractive Status and Focus (Accommodation) (H52.523, H52.533)

	0	1	2	3	4
Blurred vision at distance and/or at near	0	1	2	3	4
Clarity of focus goes in and out	0	1	2	3	4
Difficulty changing focus far to near and/or distance blurs when looking up from near	0	1	2	3	4
Squint to see, eye strain	0	1	2	3	4
Dislike/avoid close work	0	1	2	3	4
Head held close to paper when reading or writing over time	0	1	2	3	4
Poor comprehension or comprehension decreases over time	0	1	2	3	4

Eye Tracking (Ocular Motility) (H51.8)

	0	1	2	3	4
Lose place when reading and/or skip, reread words, letters, lines, phrases	0	1	2	3	4
Use finger or marker when reading	0	1	2	3	4
Mistake words with similar beginnings or endings	0	1	2	3	4
Misalign digits in columns of numbers	0	1	2	3	4
Read slowly	0	1	2	3	4
Eye/hand coordination, handwriting is difficult and sloppy	0	1	2	3	4

Over →

Never	Seldom	Occasionally	Frequently	Always
-------	--------	--------------	------------	--------

Eye Teaming (Binocularity) (H53.2, H50.3, H378.2, H53.3, H53.32, H53.34)

See double	0	1	2	3	4
Close or cover one eye	0	1	2	3	4
Tilt or turn head to one side	0	1	2	3	4
Letters, words, or lines move on page	0	1	2	3	4
Handwriting uphill or downhill	0	1	2	3	4
Difficulty walking down steps	0	1	2	3	4
Dislike 3-D movies	0	1	2	3	4
Poor depth perception and/or inability to estimate distances accurately	0	1	2	3	4
Trouble judging distance when parking/pulling into traffic	0	1	2	3	4

Visually Guided Activities (H51.9, H53.1)

Trouble keeping attention while reading	0	1	2	3	4
Difficulty with small hand tools	0	1	2	3	4
Awkward pencil grip, write or print poorly, and/or write neatly but slowly	0	1	2	3	4
Dislike playing sports and poor or inconsistent performance	0	1	2	3	4
Eye/body coordination is difficult and/or trips or stumbles	0	1	2	3	4
Always says "I can't" before trying	0	1	2	3	4

Central-Peripheral Integration (H53.9, H47.7, H53.4)

Tunnel vision, loss of visual field, loss of awareness of surroundings when concentrating and/or objects jump in and out of field of view	0	1	2	3	4
Tendency to knock things over on desk or table	0	1	2	3	4
Short attention span/easily distracted	0	1	2	3	4
Difficulty completing assignments on time	0	1	2	3	4
Loses belongings and things	0	1	2	3	4
Doesn't accept change well	0	1	2	3	4

Visual Information Processing (H53.8, H53.1, R48.3)

Fail to recognize same word in next sentence or page	0	1	2	3	4
Poor word attack strategies	0	1	2	3	4
Say words aloud or moves lips while reading "silently"	0	1	2	3	4
Prefer audio books and/or better remember what you hear than what you see	0	1	2	3	4
Poor ability to remember or comprehend what is read	0	1	2	3	4
Reverse letters, numbers, words, and/or confuse right-left directions	0	1	2	3	4
Difficulty with memory and/or spelling	0	1	2	3	4

Form Completed By: _____ Total Score: _____