

SYMPTOMS SURVEY

Today's Date: _____

Please assign a value between 0 and 4 for each symptom.

0 = never or non-existent / 1 = seldom / 2 = occasionally / 3 = frequently / 4 = always

1.	Blurred vision at near	
2.	Double vision	
3.	Headaches associated with near work	
4.	Words run together when reading	
5.	Burning, stinging, watery eyes	
6.	Falling asleep when reading	
7.	Vision worse at the end of the day	
8.	Skipping or repeating lines when reading	
9.	Dizziness or nausea associated with near work	
10.	Head tilt or closing one eye when reading	
11.	Difficulty copying from the chalkboard	
12.	Avoidance of reading and near work	
13.	Omitting small words when reading	
14.	Writing uphill or downhill	
15.	Misaligning digits in columns of numbers	
16.	Reading comprehension declining over time	
17.	Inconsistent/poor sports performance	
18.	Holding reading material too close	
19.	Short attention span	
20.	Difficulty completing assignments in reasonable time	
21.	Saying "I can't" before trying	
22.	Avoiding sports and games	
23.	Difficulty with hand tools- scissors, screwdriver, calculator, keys	
24.	Inability to estimate distances accurately	
25.	Tendency to knock things over on desk or table	
26.	Difficulty with time management	
27.	Difficulty with money concepts, making change	
28.	Misplaces or loses papers, objects, belongings	
29.	Car sickness/motion sickness	
30.	Forgetful, poor memory	