



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 =