| Patient's Name |
|----------------|
| Completed By: |

Date:

30 Symptom Checklist

| | never | rarely | sometimes | frequently | always |
|--|-------|--------|-----------|------------|--------|
| Irritated, burning, itchy, watery eyes | 0 | 1 | 2 | 3 | 4 |
| Blurred vision when looking near or far | 0 | 1 | 2 | 3 | 4 |
| Double vision | 0 | 1 | 2 | 3 | 4 |
| Headache during or after close work | 0 | 1 | 2 | 3 | 4 |
| Words run together when reading | 0 | 1 | 2 | 3 | 4 |
| Skips or repeats lines when reading | 0 | 1 | 2 | 3 | 4 |
| Loses place, omits or confuses small words when reading | 0 | 1 | 2 | 3 | 4 |
| Unusual posture or head tilt when reading | 0 | 1 | 2 | 3 | 4 |
| One eye is closed or covered when reading | 0 | 1 | 2 | 3 | 4 |
| Avoids close work | 0 | 1 | 2 | 3 | 4 |
| Holds book too close, gets too close to the television | 0 | 1 | 2 | 3 | 4 |
| Slow reader | 0 | 1 | 2 | 3 | 4 |
| Points with finger when reading | 0 | 1 | 2 | 3 | 4 |
| Reading comprehension is low, or declines as day goes on | 0 | 1 | 2 | 3 | 4 |
| Short attention span, restless, unable to stay on task | 0 | 1 | 2 | 3 | 4 |
| Misaligns columns of numbers | 0 | 1 | 2 | 3 | 4 |
| Poor handwriting skills | 0 | 1 | 2 | 3 | 4 |
| Reverses letters | 0 | 1 | 2 | 3 | 4 |
| Difficulty copying from the board | 0 | 1 | 2 | 3 | 4 |
| Substitutes words when copying or reading | 0 | 1 | 2 | 3 | 4 |
| Confuses right and left | 0 | 1 | 2 | 3 | 4 |
| Clumsy, knocks things over | 0 | 1 | 2 | 3 | 4 |
| Avoids sports and games | 0 | 1 | 2 | 3 | 4 |
| Poor performance in sports | 0 | 1 | 2 | 3 | 4 |
| Fatigue, frustration, stress | 0 | 1 | 2 | 3 | 4 |
| Says "I can't" before trying | 0 | 1 | 2 | 3 | 4 |
| Difficulty completing tasks | 0 | 1 | 2 | 3 | 4 |
| Writes up or down hill | 0 | 1 | 2 | 3 | 4 |
| Does not judge distances accurately | 0 | 1 | 2 | 3 | 4 |
| Car or motion sickness | 0 | 1 | 2 | 3 | 4 |

0-19 Normal
20-24 Possible problems
25+ Further testing needed