

Child Symptom Questionnaire

Dear Parent:

This list of symptoms and observations of vision problems at school or home will help us understand how your child performs visually in his/her daily activities.

Please complete this questionnaire with the help of your child by asking them the questions.

NAME: _____ AGE: _____ DATE: ____ / ____ / ____

SCHOOL ATTENDING: _____ GRADE: _____ TEACHER: _____

Please check off all the appropriate column for each symptom listed.

READING, WRITING AND OTHER DESK WORK	often	sometimes	never
Eyes burn or feel strained after short periods of reading or other close work			
Vision gets blurry when reading			
Gets headaches when reading			
Letters or words run together, move or run off the page when reading			
Gets double vision when reading			
Fatigues quickly when reading			
Reading comprehension decreases over time			
Often loses place or omits words when reading or uses finger to follow			
Avoids reading or other close work			
Skips words or lines, has to re-read			
Holds material very close when reading			
GENERAL OBSERVATIONS ABOUT BEHAVIOR			
The eyes appear to cross or drift out			
Eyes water or appear bloodshot			
Dislikes or avoids tasks requiring sustained visual attention			
Frequent signs of frustration			
Tension during close work and reading			
SCHOOL PERFORMANCE			
Short attention span			
Reverses words, numbers or letters			
Difficulty copying from board or book			
Sloppy handwriting, excessive erasures			
Difficulty remembering spelling words			
GENERAL QUESTIONS			
My child has had to repeat a year in school			
My child is having difficulty with reading			
My child does not like to read			
My child's schoolwork is below average			
TOTAL SCORE	_____ x 1 =	_____ x 1/2 =	_____ x 0 =

For ages to 18 a total score of 4 or higher is suggestive of a vision disorder. Further testing is recommended.