

VISION & LEARNING THERAPY MONITORING SYMPTOM QUESTIONNAIRE



Child's Name _____ Parent's Name _____ Date Completed _____

Please rate the following signs and behaviors according to your current observations and/or your child's current reports about how his/her eyes feel when reading or doing close work or in the classroom. Please check either: never, infrequently, sometimes, fairly often, or always for each question.

Symptom	Never	Infre- quently	Some- times	Fairly often	Always
1. Do your eyes feel tired or uncomfortable during or after reading or doing close work?					
2. Do your eyes ever hurt or feel sore during or after reading or doing close work?					
3. Do you get headaches during or after reading or doing close work?					
4. Do you notice a "pulling" feeling around your eyes during or after reading or doing close work?					
5. Do you feel sleepy when reading or doing close work?					
6. Do you lose concentration or are easily distracted when reading or doing close work?					
7. Do you have trouble remembering what you read?					
8. Do you notice double vision when reading or doing close work or looking at the board?					
9. Do you see the words move, jump, swim, or appear to float on the page when reading or doing close work?					
10. Do you read slowly?					
11. Do you avoid reading?					
12. Do the words blur or come in and out of focus when reading, doing close work, or looking at the board?					
13. Do you lose your place or re-read the same line while reading or doing close work or looking up at the board across room?					
14. Do you notice blurry distance vision (on board across room) after reading or doing close work (momentarily or sustained)?					
15. Do you make reversal errors when reading (was for saw, on for no) or writing (b for d)?					
16. Do you overlook small details (read "beak" for "break") or math symbols ("- " for "+")?					
17. Do you have difficulty copying written material (e.g. from the board)?					
18. Do you have poor printing or handwriting?					
19. Do you have difficulty finishing school assignments in a timely manner?					
20. Do you misalign digits or columns when doing math assignments?					

TOTAL SCORE _____ (Score 0 for Never; 1 for Infrequently, 2 for Sometimes, 3 for Fairly Often, 4 for Always)