

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 fill this questionnaire out with your child's help.

Name: _____ Child's Age _____ Grade _____ Date ____/____/____

Please check off the appropriate column for each symptom listed.

Reading, writing & other desk work	never	seldom	sometimes	frequently	always
Eyes burn/feel strained after reading or other close work					
Vision gets blurry when reading					
Vision gets blurry when looking from board to paper on my desk					
Gets headaches when reading					
Letters or words run together or move when reading					
Gets double vision when reading					
Fatigues quickly or gets sleepy when reading					
Dislikes or avoids reading or other close work					
Skips words or lines, has to re-read lines					
Holds material very close when reading					
Uses finger for a guide to keep place when reading					
General observations	never	seldom	sometimes	frequently	always
The eyes appear to cross or drift out					
Eyes appear to water or are blood shot					
Difficulty with listening to instructions					
Frequent signs of frustration, frustrates easily					
Tension during close work and reading					
Writes up or down hill					
Covers one eye or tilts head when reading					
Can respond orally but not in writing or on tests					
Does not change tasks well					
Clumsy, knocks things over					
Poor or inconsistent in sports					
School Performance	never	seldom	sometimes	frequently	always
High activity level, impulsive or short attention span					
Trouble with math concepts or computation					
Can't recognize same word repeated on a page					
Difficulty telling right and left hands or feet					
Reverses words, numbers or letters					
Difficulty copying from board or book					
Sloppy handwriting, excessive erasures					
Difficulty remembering spelling words /sight vocabulary					
Difficulty completing assignments on time					
Score					

My child has had to repeat a year in school. Yes _____ No _____

My child is having difficulty with Reading _____, Math _____, Other _____

Additional Comments:
