

VISION SYMPTOM SURVEY

Adult

Name _____ Date _____

Patient instructions: Please answer the following questions about how your eyes feel when reading or doing close work.

Possible Subjective Symptoms	Frequency				
	Never (0)	Infrequently/ not often (1)	Sometimes (2)	Fairly often (3)	Always (4)
1. Do your eyes feel tired when reading or doing close work?					
2. Do your eyes feel uncomfortable when reading or doing close work?					
3. Do you have headaches when reading or doing close work?					
4. Do you feel sleepy when reading or doing close work?					
5. Do you lose concentration when reading or doing close work?					
6. Do you have trouble remembering what you have read?					
7. Do you have double vision when reading or doing close work?					
8. Do you see the words move, jump, swim or appear to float on the page when reading or doing close work?					
9. Do you feel like you read slowly?					
10. Do your eyes ever hurt when reading or doing close work?					
11. Do your eyes ever feel sore when reading or doing close work?					
12. Do you feel a "pulling" feeling around your eyes when reading or doing close work?					
13. Do you notice the words blurring or coming in and out of focus when reading or doing close work?					
14. Do you lose your place while reading or doing close work?					
Total Score _____	_____ x 0	_____ x 1	_____ x 2	_____ x 3	_____ x 4

For < age 21 total score = **16 or higher** is suggestive of a vision disorder.
For Adults total score = **21 or higher** is suggestive of a vision disorder.