Eye Priority, P.C.
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Visual Symptom Checklist

- ❑ Headaches
- ❑ Blurred vision at near
- ❑ Blurred vision at distance
- ❑ Double vision
- ❑ Sensitive to light
- ❑ Eyes hurt or burn
- ❑ Eyes feel tired
- ❑ Words move around on the page
- ❑ Motion sickness/car sickness
- ❑ Dizziness
- ❑ Redness of the eyes
- ❑ Frequent eye rubbing
- ❑ Frequent sties
- ❑ Need for bright or dim light for near tasks
- ❑ Frequent blinking
- ❑ Closing or covering one eye/squinting
- ❑ Difficulty seeing distant objects
- ❑ Head close to paper when reading/writing
- ❑ Avoids reading or other near tasks
- ❑ Prefers being read to
- ❑ Tilts head when reading
- ❑ Moves head when reading
- ❑ Confuses letters or words
- ❑ Reverses letters or words
- ❑ Confuses right and left
- ❑ Skips, rereads or omits words
- ❑ Loses place while reading
- ❑ Vocalizes when reading silently
- ❑ Reads slowly
- ❑ Uses finger as a marker
- ❑ Poor reading comprehension
- ❑ Comprehension decreases over time
- ❑ Writes or prints poorly
- ❑ Writes neatly but slowly
- ❑ Does not support paper when writing
- ❑ Awkward or immature pencil grip
- ❑ Frequent erasures
- ❑ Tires easily/visual fatigue
- ❑ Difficulty copying from chalkboard
- ❑ Difficulty switching focus from near to far
- ❑ Difficulty with long or short term memory
- ❑ Remembers better orally than by writing
- ❑ Knows material, but does poorly on tests
- ❑ Dislikes/avoids near tasks
- ❑ Short attention span/loses interest
- ❑ Poor large motor coordination
- ❑ Poor fine motor coordination
- ❑ Difficulty with scissors/small hand tools
- ❑ Inconsistent performance in work or sports
- ❑ Difficulty catching/hitting a ball
- ❑ Remembers better what hears than sees
- ❑ Difficulty recognizing same word on different page

List any other complaints your have concerning vision _____

_____

_____

Does your vision hinder daily activities in any way?……Yes _____ No _____

If yes, how? _____

Patient's Name _____ Age _____ Today's Date _____