

# Vision Checklist for Reading or Close Work

*\*\*\*Parents, please complete this form in cooperation with your child.\*\*\**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Please answer the following questions about how your eyes feel when reading. Also consider how your eyes feel when doing close work (school, home work, writing, drawing etc.). Put a check mark in the column that best answers the question.

		Never	Infrequently	Sometimes	Fairly Often	Always
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 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 or out of focus when doing close work?					
14	Do you lose your place when reading or doing close work?					
15	Do you have to reread the same line of words when reading?					