

Symptom Questionnaire

Dear Patient:

This list of symptoms of vision problems at work or home will help us understand how you perform visually in your daily life.

NAME _____

DATE ___/___/___

Please check off the appropriate column for each symptom listed.

READING, WRITING AND OTHER DESK WORK	Never occurs	sometime occurs	Often occurs	Very Often occurs
My eyes feel tired or uncomfortable when reading or working on the computer				
I get headaches when reading or working on the computer				
I feel sleepy when reading or working on the computer				
I lose concentration and attention when reading or working on the computer				
I have trouble remembering what I read				
I get double vision when reading or working on the computer				
Letters or words run together or move when reading or working on the computer				
I read slowly				
I feel a pulling sensation around my eyes when reading or working on the computer				
I fatigue quickly when reading or working on the computer				
My vision gets blurry when reading or working on the computer				
I often lose my place or omit words when reading or working on the computer				
I have to re-read lines				
My reading comprehension decreases over time				
I avoid reading or other close work				
TOTAL SCORE	__ x 0=	__ x 1=	__ x 2	__ x 3=