



Functional Vision Symptom Checklist

Patient Full Name _____

Any of the following symptoms may indicate a functional vision problem. Please read and mark the symptoms that occur. This is a critical step in helping us understand the type and amount of functional vision problem that may exist.

Do you or your child (check all that apply):

1. Skip lines while reading or copying
2. Lose your place while reading or copying
3. Skip words while reading or copying
4. Substitute words while reading or copying
5. Reread words or lines
6. Reverse letters, numbers or words
7. Use a finger or marker to keep place while reading or writing
8. Read very slowly
9. Experience poor reading comprehension
10. Experience difficulty remembering what you have read
11. Hold your head very close (within 7-8 inches) to your reading and/or writing material
12. Squint, close or cover one eye while reading
13. Tilt your head in an unusual posture when reading or writing
14. Experience headaches after intense visual activities such as reading or computer work
15. Notice that your eyes hurt or feel tired after close work
16. Feel unusually tired after completing a visual task
17. Experience double vision
18. Notice that vision blurs at a distance when looking up from near work

19. ___ Experience crooked or poorly spaced writing
20. ___ Notice that print seems to move or go in and out of focus when reading
21. ___ Experience poor spelling skills
22. ___ Find that letters or lines “run together” when reading
23. ___ Find that words appear to jump on the page when reading
24. ___ Misalign letters and numbers
25. ___ Make errors when copying
26. ___ Experience difficulty tracking moving objects such as balls, etc.
27. ___ Experience unusual clumsiness or poor coordination
28. ___ Experience difficulty with eye-hand coordination sports such as baseball, etc.
29. ___ Experience an eye that turn in or out
30. ___ See more clearly with one eye than the other with best glasses prescription
31. ___ Feel sleepy while reading
32. ___ Dislike tasks requiring sustained concentration
33. ___ Confuse right and left directions
34. ___ Become restless when working at a desk
35. ___ Tend to lose awareness of surroundings when concentrating
36. ___ Find you must “feel” things to see them
37. ___ Suffer from carsickness or motion sickness
38. ___ Experience unusual blinking
39. ___ Experience unusual eye rubbing
40. ___ Experience dry eyes
41. ___ Experience watery eyes
42. ___ Experience red eyes
43. ___ Experience sensitivity to light

SCORING CRITERIA

- Score 3 points for items #1-30 15-20 = Possible functional vision problems
Score 2 points for items #31-37 21-30 = Probable functional vision problems
Score 1 point for items #38-43 Over 30 = Definite functional vision problem
15+ Points = Functional vision evaluation recommended