Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eye Surgery/Conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Check the column which best represents the occurrence of each symptom.* | *Never*  *0* | *Seldom*  *1* | *Occasionally*  *2* | *Frequently*  *3* | *Always*  *4* |
| Blur when looking at near |  |  |  |  |  |
| Double vision |  |  |  |  |  |
| Headaches with near work |  |  |  |  |  |
| Words run together reading |  |  |  |  |  |
| Burning, itchy, watery eyes |  |  |  |  |  |
| Falls asleep reading |  |  |  |  |  |
| Sees worse at end of day |  |  |  |  |  |
| Skips / repeats lines when reading |  |  |  |  |  |
| Dizziness / nausea with near work |  |  |  |  |  |
| Head tilt / closing one eye when reading |  |  |  |  |  |
| Difficulty copying from chalkboard |  |  |  |  |  |
| Avoids near work / reading |  |  |  |  |  |
| Omits small words when reading |  |  |  |  |  |
| Writes uphill / downhill |  |  |  |  |  |
| Misaligns digits / columns of numbers |  |  |  |  |  |
| Reading comprehension down |  |  |  |  |  |
| Poor / inconsistent in sports |  |  |  |  |  |
| Holds reading too close |  |  |  |  |  |
| Trouble keeping attention on reading |  |  |  |  |  |
| Difficulty completing assignments on time |  |  |  |  |  |
| Always says “I can’t” before trying |  |  |  |  |  |
| Avoids sports / games |  |  |  |  |  |
| Poor hand / eye (poor handwriting) |  |  |  |  |  |
| Does not judge distance accurately |  |  |  |  |  |
| Clumsy, knocks things over |  |  |  |  |  |
| Does not use his / her time well |  |  |  |  |  |
| Does not make change well |  |  |  |  |  |
| Loses belongings / things |  |  |  |  |  |
| Car / motion sickness |  |  |  |  |  |
| Forgetful / poor memory |  |  |  |  |  |