

## Visual Symptoms Survey

Name \_\_\_\_\_

Date \_\_\_\_\_ Age \_\_\_\_\_

After you consider each question, please mark the column that applies to your child

|  | Never | Seldom | Occasionally | Frequently | Always |
|--|-------|--------|--------------|------------|--------|
| Vision blurs when reading, writing, or working on a computer     | 0     | 1      | 2            | 3          | 4      |
| Headaches when reading, writing, or working on a computer        | 0     | 1      | 2            | 3          | 4      |
| Words go double or appear to move around when reading            | 0     | 1      | 2            | 3          | 4      |
| Burning, itching, or watery eyes when reading                    | 0     | 1      | 2            | 3          | 4      |
| Loses place when reading   | 0     | 1      | 2            | 3          | 4      |
| Tilts head or closes/covers one eye when reading                 | 0     | 1      | 2            | 3          | 4      |
| Difficulty copying from the whiteboard/chalkboard                | 0     | 1      | 2            | 3          | 4      |
| Avoids near work such as reading or writing                      | 0     | 1      | 2            | 3          | 4      |
| Skips over or leaves out small words when reading                | 0     | 1      | 2            | 3          | 4      |
| Writes uphill or downhill; difficulty writing in a straight line | 0     | 1      | 2            | 3          | 4      |
| Difficulty lining up numbers when doing math                     | 0     | 1      | 2            | 3          | 4      |
| Difficulty understanding what you read / poor comprehension      | 0     | 1      | 2            | 3          | 4      |
| Holds books too close; leans too close to computer screen        | 0     | 1      | 2            | 3          | 4      |
| Difficulty keeping attention on reading material                 | 0     | 1      | 2            | 3          | 4      |
| Difficulty finishing assignments on time                         | 0     | 1      | 2            | 3          | 4      |
| First response is "I can't" before trying                        | 0     | 1      | 2            | 3          | 4      |
| Clumsy, bumps into things, knocks things over                    | 0     | 1      | 2            | 3          | 4      |
| Does not use time well when doing near work/homework             | 0     | 1      | 2            | 3          | 4      |
| Loses belongings and things                                      | 0     | 1      | 2            | 3          | 4      |
| Forgetful, poor memory   | 0     | 1      | 2            | 3          | 4      |
| <b>Totals</b>  |       |        |              |            |        |

**20 or more = refer for a Developmental Vision Exam**

**Total Score =**

### ACHIEVE Learning Sciences

Teaming up with professionals, educators, and parents to eradicate addressable learning challenges for Utah students by the year 2035

To schedule your child's *Dyslexia & Processing Evaluation*, call us at **801.492.6393**