

## Initial Symptom Checklist For 18 & Under

Legal Name:	Date of Birth: / / Age: _				
How often	does each symptom occur?			T	
Symptoms are organized into ar symptoms can be i	reas of vision they may affect the most, however, <b>many</b> related to several different visual problems.	Never N	Occasionally 0)	Frequently F <sub>1</sub>	Always A
Visual Comfort			y		
Eyes hurt and/or feel tired					
Headaches during or after visua	al activity				
Falls asleep or feels fatigued wh	ile reading				
Rubs eyes during or after visual	activity				
Vision worse at end of day					
Dizziness, nausea with near wor	rk				
Carsickness/motion sickness					
Bothered by light					
Refractive Status and Focus (Ad	ccommodation)				
Blurred vision at distance and/o	or at near				
Visual focus goes in and out					
Frowns or squints to see					
Dislikes/avoids close work					
Head close to paper when readi	ing or writing				
Comprehension poor or decrease	ses over time				
Eye Tracking (Ocular Motility)					
Loses place when reading and/o	or skips, rereads words, letters or lines				
Mistakes words with similar beg	ginnings or endings				
Uses finger or marker when rea	ding (for those older than 5 years)				
Moves head as reads					
Reads slowly					
Misaligns digits in columns of n	umbers				
Eye Teaming (Binocularity)					
Sees double					
Squints, closes, or covers one ey	ye				
One eye turns (in, out, up, or do	wn) at any time				
Tilts or turns head to one side					

Letters, words, or lines moving on page			
Poor depth perception and/or inability to estimate distances correctly			
Difficulty walking up or down steps			
Writes uphill or downhill			
Dislikes 3-D movies			
Distincts 3-D Hillovies			
Visually Guided Activities		I	
Poor large motor coordination (e.g., difficulty riding a bike, catching a ball, playing sports) and/or trips or stumbles			
Poor fine motor or eye/hand coordination (e.g., difficulty using scissors, tying shoes, drawing, or writing)			
Dislikes playing sports			
Awkward or immature pencil grip, prints poorly or slowly and/or frequent erases			
Central-Peripheral Integration			
Orients drawings poorly on a page			
Tendency to knock things over on desk or table			
Avoids crowds			
Short attention span/easily distracted			
Visual Information Processing			
Fails to recognize same word in next sentence or page			
Poor word attack skills			
Says words aloud or moves lips while reading "silently"			
Poor ability to remember or comprehend what is read			
Makes errors in copying			
Confuses minor likenesses and differences			
Remembers better what hears than sees and/or prefers being read to			
Difficulty following verbal instructions			
Difficulty completing assignments in time allotted			
Reverses letters, numbers, words, and/or confuses right-left directions			
Performance not up to potential			
Seems to know material, but does poorly on tests			
Difficulty with number concepts			
Difficulty with timed tests			
Difficulty with memory			
Difficulty with spelling			
Appearance of the Eyes			
Reddened eyes or lids and/or frequent sties			
Excessive tearing of eyes			
Eye turns in, out, up and/or down			

Blinks excessively		