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Patient Name: _____

Date: _____

QUALITY OF LIFE CHECKLIST

<i>Check the columns of present symptoms.</i>	
Blurred close vision	
Double vision	
Headaches with near work	
Words run together when reading	
Burning, itchy, watery eyes	
Falls asleep reading	
Sees worse at the end of the day	
Skips or repeats lines	
Dizzy/nauseated by near work	
Head tilt/one eye closed to read	
Difficulty copying from chalkboard	
Avoids near work	
Omits small words when reading	
Writes uphill/downhill	
Misaligns digits/columns of numbers	
Poor reading comprehension	
Poor/inconsistent in sports	
Holds reading too close	
Trouble keeping attention on reading	
Difficulty completing work on time	
Says "I can't" before trying	
Avoids sports & games	
Poor hand eye coordination	
Poor handwriting	
Does not judge distance accurately	
Clumsy, knocks things over	
Poor time management	
Does not make change well, trouble with transitions	
Loses things/belongings	
Car or motion sickness	
Forgetfulness/poor memory	
<i>What was the total number of symptoms?</i>	

A patient with a score of 5 or more should have a binocular vision evaluation.