

Visual Symptom Checklist:

Observe to see which signs and symptoms are present.

Follow the instructions below.

1. ___ Skips lines while reading or copying
2. ___ Loses place while reading or copying
3. ___ Skips words while reading or copying
4. ___ Substitutes words while reading or copying
5. ___ Rereads words or lines
6. ___ Reverses letters, numbers or words
7. ___ Uses a finger or marker to keep place while reading/writing
8. ___ Reads very slowly
9. ___ Poor reading comprehension
10. ___ Difficulty remembering what has been read
11. ___ Holds head too close when reading/writing (within 7-8 in.)
12. ___ Squints, closes, or covers one eye while reading
13. ___ Unusual posture/head tilt when reading/writing
14. ___ Headaches following intense reading/computer work
15. ___ Eyes hurt or feel tired after completing a visual task
16. ___ Feels unusually tired after completing a visual task
17. ___ Double vision
18. ___ Vision blurs at distance when looks up from near work
19. ___ Letters or lines "run together" or words "jump" when reading
20. ___ Print seems to move or go in and out of focus when reading
21. ___ Poor spelling skills
22. ___ Writing is crooked or poorly spaced
23. ___ Misaligns letters or numbers
24. ___ Makes errors copying
25. ___ Difficulty tracking moving objects
26. ___ Unusual clumsiness, poor coordination
27. ___ Difficulty with sports involving good eye-hand coordination
28. ___ Eye turns in or out
29. ___ Sees more clearly with one eye than the other
30. ___ Feels sleepy while reading
31. ___ Visual perceptual or visual processing problems
 - ___ Difficulty with visual memory or visual sequencing
 - ___ Difficulty with visual-spatial concepts
 - ___ Directional confusion
 - ___ Impaired performance with copying
 - ___ Deficits in visual processing speed
32. ___ Visual motor integration disorders
33. ___ Non-Verbal Learning disorders
34. ___ Performance scores lower than verbal scores
35. ___ Dislikes tasks requiring sustained concentration
36. ___ Avoids near tasks such as reading
37. ___ Confuses right and left directions
38. ___ Becomes restless when working at his/her desk
39. ___ Tends to lose awareness of surroundings when concentrating
40. ___ Must "feel" things to see them
41. ___ Carsickness
42. ___ Eyes bothered by light
43. ___ Unusual blinking
44. ___ Unusual eye rubbing
45. ___ Dry eyes
46. ___ Watery eyes
47. ___ Red eyes

Instructions:

Have you observed any of the following symptoms with the child and/or have they reported any of them to you? Please mark the symptoms that occur frequently with two checks and those that occur occasionally with one check.

Scoring:

Score 3 points each for items #1-34

Score 2 points each for items #35-41

Score 1 point each for items #42-47

Note:

Score Double points for every item with two checks.

Criteria:

Children scoring 15+ points:

15-20= Possible developmental vision problems.

20-30= Probable developmental vision problems.

Over 30= Definite developmental vision problems.

15+ points:

Refer for an evaluation by:

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