



698 South Milledge Avenue
 Athens, GA 30605
 (706) 543-2020 P
 (706) 549-6618 F
 www.fivepointseyecare.com

Child Symptom Questionnaire

Name: _____ Child's age: _____ Date: _____

Please check off the appropriate column for each symptom listed.

Reading, writing and other desk work	Often occurs	Sometimes occurs	Never occurs
Eyes burn or feel strained after short periods of reading or other close work			
Vision gets blurry when reading			
Gets headaches when reading			
Letters or words run together or move when reading			
Gets double vision when reading			
Fatigues quickly when reading			
Reading comprehension decreases over time			
Often loses place or omits words when reading			
Avoids reading or other close work			
Skips words or lines, has to re-read lines			
General observations about behavior	Often occurs	Sometimes occurs	Never occurs
The eyes appear to cross or drift out			
Eyes appear to water or are bloodshot			
Dislikes or avoids tasks requiring sustained visual attention			
Frequent signs of frustration			
Tension during close work and reading			
School performance	Often occurs	Sometimes occurs	Never occurs
Short attention span			
Reverses words, numbers or letters			
Difficulty copying from board or book			
Sloppy handwriting, excessive erasures			
Difficulty remembering spelling words			
General questions	Often occurs	Sometime occurs	Never occurs
My child has had to repeat a year in school			
My child is having difficulty with reading			
My child is having difficulty with math			
Total score	_x 1 =	_x 1/2 =	_x 0 =

Any child scoring 5 pts or above should receive a vision therapy evaluation.