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Adult Symptom Questionnaire

Name: _____ 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			
My vision gets blurry when reading			
I get headaches when reading			
Letters or words run together or move when reading			
I get double vision when reading			
I fatigue quickly when reading			
My reading comprehension decreases over time			
I often lose my place or omit words when reading			
I avoid reading or other close work			
I skip words or lines, have to re-read lines			
My eyes feel strained after moderate periods of time when using a computer.			
I hold material very far away when reading.			
I hold material very close when reading.			
General observations about behavior	Often occurs	Sometimes occurs	Never occurs
My eyes appear to cross or drift out			
My eyes appear to water or are bloodshot			
I dislike or avoid tasks requiring sustained visual attention			
I am frequently frustrated when reading			
I experience a lot of tension during close work and reading			
Total score	_x 1 =	_x 1/2 =	_x 0 =