## Covina Hills Optometric Group

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## ADULT VISUAL SYMPTOM REPORT

Please complete the survey below so we may better understand how your vision may be affecting your performance on day-to-day visual tasks. Review each of the symptoms listed and check the box that best describes your experience with each symptom.

| SYMPTOM  |       |           |            |        |
|--|-------|-----------|------------|--------|
|  | NEVER | SOMETIMES | FREQUENTLY | ALWAYS |
| 1. Do your eyes feel tired or uncomfortable            |       |           |            |        |
| when you concentrate on visual tasks, such             |       |           |            |        |
| as reading or doing close work?                        |       |           |            |        |
| 2. Does your vision blur in and out when you           |       |           |            |        |
| concentrate on visual tasks?                           |       |           |            |        |
| 3. Do you get headaches when doing visual              |       |           |            |        |
| tasks?   |       |           |            |        |
| 4. Do you feel sleepy when concentrating on            |       |           |            |        |
| visual tasks?  |       |           |            |        |
| 5. Do you loose concentration when doing               |       |           |            |        |
| visual tasks?  |       |           |            |        |
| 6. Do you have trouble remembering what you have read? |       |           |            |        |
| 7. Do you have double vision when doing                |       |           |            |        |
| visual tasks?  |       |           |            |        |
| 8. Do you see words move, jump, swim, or               |       |           |            |        |
| appear to float on the page when reading or            |       |           |            |        |
| doing close work?                                      |       |           |            |        |
| 9. Do you feel that you read slowly?                   |       |           |            |        |
| 10. Do your eyes ever hurt or feel sore when           |       |           |            |        |
| doing visual tasks?                                    |       |           |            |        |
| 11. Is you vision blurry in the distance after         |       |           |            |        |
| concentration on visual tasks such as reading          |       |           |            |        |
| or the computer?                                       |       |           |            |        |
| 12. Do you have a "pulling" feeling around             |       |           |            |        |
| your eyes when doing visual tasks?                     |       |           |            |        |
| 13. Do you feel that you take more breaks              |       |           |            |        |
| than necessary while doing visual tasks?               |       |           |            |        |
| 14. Do you lose your place while reading or            |       |           |            |        |
| doing close work?                                      |       |           |            |        |
| 15. Do you have to re-read the same line of            |       |           |            |        |
| words when reading?                                    |       |           |            |        |
| 16. Do you skip entire lines when reading?             |       |           |            |        |