



Student's First and Last Name: _____

Parent's Name: _____

Phone Number: _____

Email Address: _____

Visual Screening Tool

Instructions: Please answer the following questions about how your eyes feel when reading or doing close work.

| | | Never | (Not very often) Infrequently | Sometimes | Fairly Often | Always |
|-----|---|-------|----------------------------------|-----------|--------------|--------|
| 1. | Do your eyes feel tired when reading or doing close work? | | | | | |
| 2. | Do your eyes feel uncomfortable when reading or doing close work? | | | | | |
| 3. | Do you have headaches when reading or doing close work? | | | | | |
| 4. | Do you feel sleepy when reading or doing close work? | | | | | |
| 5. | Do you lose concentration when reading or doing close work? | | | | | |
| 6. | Do you have trouble remembering what you have read? | | | | | |
| 7. | Do you have double vision when reading or doing close work? | | | | | |
| 8. | Do you see the words move, jump, swim, or appear to float on the page when reading or doing close work? | | | | | |
| 9. | Do you feel like you read slowly? | | | | | |
| 10. | Do your eyes ever hurt when reading or doing close work? | | | | | |
| 11. | Do your eyes ever feel sore when reading or doing close work? | | | | | |
| 12. | Do you feel a "puffing" feeling around your eyes when reading or doing close work? | | | | | |
| 13. | Do you notice the words blurring or coming in and out of focus when reading or doing close work? | | | | | |
| 14. | Do you lose your place when reading or doing close work? | | | | | |
| 15. | Do you have to re-read the same line of words when reading? | | | | | |

Convergence Insufficiency Symptom Survey--V15 from Borsting EJ, Rouse MW, Mitchell GL, Cotter SA et al. (2003) Validity and reliability of the revised convergence insufficiency symptom survey in children aged 9 to 18 years. *Optom Vis Sci* 80:832--838.