

The Center for Vision Development Lifestyle Checklist

Name _____

Date _____ Age _____

After you consider each question, mark the column that applies to the person you are assessing.

| | NEVER | SELDOM | OCCASIONAL | FREQUENTLY | ALWAYS | SCORE |
|---|-------|--------|------------|------------|--------|-------|
| Blur when looking at near | 0 | 1 | 2 | 3 | 4 | |
| Double vision, doubled or overlapping words on page | 0 | 1 | 2 | 3 | 4 | |
| Headaches while or after doing near vision work | 0 | 1 | 2 | 3 | 4 | |
| Words appear to run together when reading | 0 | 1 | 2 | 3 | 4 | |
| Burning, itching or watery eyes | 0 | 1 | 2 | 3 | 4 | |
| Falls asleep when reading | 0 | 1 | 2 | 3 | 4 | |
| Seeing and visual work is worse at the end of the day | 0 | 1 | 2 | 3 | 4 | |
| Skips or repeats lines while reading | 0 | 1 | 2 | 3 | 4 | |
| Dizziness or nausea when doing near work | 0 | 1 | 2 | 3 | 4 | |
| Head tilts or one eye is closed or covered while reading | 0 | 1 | 2 | 3 | 4 | |
| Difficulty copying from the chalkboard | 0 | 1 | 2 | 3 | 4 | |
| Avoids doing near vision work such as reading | 0 | 1 | 2 | 3 | 4 | |
| Omits (drops out) small words while reading | 0 | 1 | 2 | 3 | 4 | |
| Writes up or down hill | 0 | 1 | 2 | 3 | 4 | |
| Misaligns digits or columns of numbers | 0 | 1 | 2 | 3 | 4 | |
| Reading comprehension low, or declines as day wears on | 0 | 1 | 2 | 3 | 4 | |
| Poor, inconsistent performance in sports | 0 | 1 | 2 | 3 | 4 | |
| Holds books too close, leans too close to computer screen | 0 | 1 | 2 | 3 | 4 | |
| Trouble keeping attention centered on reading | 0 | 1 | 2 | 3 | 4 | |
| Difficulty completing assignments on time | 0 | 1 | 2 | 3 | 4 | |
| First response is "I can't" before trying | 0 | 1 | 2 | 3 | 4 | |
| Avoids sports and games | 0 | 1 | 2 | 3 | 4 | |
| Poor hand/eye coordination, such as poor handwriting | 0 | 1 | 2 | 3 | 4 | |
| Does not judge distances accurately | 0 | 1 | 2 | 3 | 4 | |
| Clumsy, accident prone, knocks things over | 0 | 1 | 2 | 3 | 4 | |
| Does not use or plan his/her time well | 0 | 1 | 2 | 3 | 4 | |
| Does not count or make change well | 0 | 1 | 2 | 3 | 4 | |
| Loses belongings and things | 0 | 1 | 2 | 3 | 4 | |
| Car or motion sickness | 0 | 1 | 2 | 3 | 4 | |
| Forgetful, poor memory | 0 | 1 | 2 | 3 | 4 | |

| |
|------------------------|
| TOTAL SCORE |
|------------------------|