# Vision Symptom Survey

**Patient Name:**_____ **Date** _____

**INSTRUCTIONS: Please check the most appropriate box, or circle the item number that best matches your symptoms today.**

| **Please rate each symptom.** **How often does each occur?** (circle a number) | Never | Seldom | Occasionaly | Frequently | Always |
|---|---|---|---|---|---|
| **EYESIGHT CLARITY** | | | | | |
| Distance vision blurred (Not clear with or without lenses) | 0 | 1 | 2 | 3 | 4 |
| Near vision blurred (Not clear with or without lenses) | 0 | 1 | 2 | 3 | 4 |
| Clarity of vision changes or fluctuates during the day | 0 | 1 | 2 | 3 | 4 |
| Poor night vision / can't see well to drive at night | 0 | 1 | 2 | 3 | 4 |
| **VISUAL COMFORT** | | | | | |
| Eye discomfort / sore eyes / eyestrain | 0 | 1 | 2 | 3 | 4 |
| Headaches or dizziness after using eyes | 0 | 1 | 2 | 3 | 4 |
| Eye fatigue (Very tired after using eyes all day) | 0 | 1 | 2 | 3 | 4 |
| Feel "pulling" around the eyes | 0 | 1 | 2 | 3 | 4 |
| **DOUBLING** | | | | | |
| Double vision (Especially when tired) | 0 | 1 | 2 | 3 | 4 |
| Have to close or cover one eye to see clearly | 0 | 1 | 2 | 3 | 4 |
| Print moves in and out of focus when reading | 0 | 1 | 2 | 3 | 4 |
| **LIGHT SENSITIVITY** | | | | | |
| Normal indoor lighting is uncomfortable (Too much glare) | 0 | 1 | 2 | 3 | 4 |
| Outdoor light too bright (Have to use sunglasses) | 0 | 1 | 2 | 3 | 4 |
| Indoors fluorescent lighting is bothersome or annoying | 0 | 1 | 2 | 3 | 4 |

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| **Please rate each symptom.** **How often does each occur?** (circle a number) | Never | Seldom | Occasionaly | Frequently | Always |
|---|---|---|---|---|---|
| **DRY EYES** | | | | | |
| Eyes feel "dry" and sting | 0 | 1 | 2 | 3 | 4 |
| "Stare" into space without blinking | 0 | 1 | 2 | 3 | 4 |
| Have to rub the eyes a lot | 0 | 1 | 2 | 3 | 4 |
| **DEPTH PERCEPTION** | | | | | |
| Clumsiness / misjudge where objects really are | 0 | 1 | 2 | 3 | 4 |
| Lack of confidence walking / missing steps / stumbling | 0 | 1 | 2 | 3 | 4 |
| Poor handwriting (spacing, size, legibility) | 0 | 1 | 2 | 3 | 4 |
| **PERIPHERAL VISION** | | | | | |
| Side vision distorted / objects move or change position | 0 | 1 | 2 | 3 | 4 |
| What looks straight ahead isn't always straight ahead | 0 | 1 | 2 | 3 | 4 |
| Avoid crowds / can't tolerate "visually-busy" places | 0 | 1 | 2 | 3 | 4 |
| **READING** | | | | | |
| Short attention span/easily distracted when reading | 0 | 1 | 2 | 3 | 4 |
| Difficulty / slowness with reading and writing | 0 | 1 | 2 | 3 | 4 |
| Poor reading comprehension/can't remember what was read | 0 | 1 | 2 | 3 | 4 |
| Confusion of words / skip words during reading | 0 | 1 | 2 | 3 | 4 |
| Lose place/use finger not to lose place when reading | 0 | 1 | 2 | 3 | 4 |

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