



Eye Priority, P.C.
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Visual Symptom Checklist

- Headaches
- Blurred vision at near
- Blurred vision at distance
- Double vision
- Sensitive to light
- Eyes hurt or burn
- Eyes feel tired
- Words move around on the page
- Motion sickness/car sickness
- Dizziness
- Redness of the eyes
- Frequent eye rubbing
- Frequent sties
- Need for bright or dim light for near tasks
- Frequent blinking
- Closing or covering one eye/squinting
- Difficulty seeing distant objects
- Head close to paper when reading/writing
- Avoids reading or other near tasks
- Prefers being read to
- Tilts head when reading
- Moves head when reading
- Confuses letters or words
- Reverses letters or words
- Confuses right and left
- Skips, rereads or omits words
- Loses place while reading
- Vocalizes when reading silently
- Reads slowly
- Uses finger as a marker
- Poor reading comprehension
- Comprehension decreases over time
- Writes or prints poorly
- Writes neatly but slowly
- Does not support paper when writing
- Awkward or immature pencil grip
- Frequent erasures
- Tires easily/visual fatigue
- Difficulty copying from chalkboard
- Difficulty switching focus from near to far
- Difficulty with long or short term memory
- Remembers better orally than by writing
- Knows material, but does poorly on tests
- Dislikes/avoids near tasks
- Short attention span/loses interest
- Poor large motor coordination
- Poor fine motor coordination
- Difficulty with scissors/small hand tools
- Inconsistent performance in work or sports
- Difficulty catching/hitting a ball
- Remembers better what hears than sees
- Difficulty recognizing same word on different page

List any other complaints your have concerning vision _____

Does your vision hinder daily activities in any way?.....Yes _____ No _____

If yes, how? _____

Patient's Name _____ Age _____ Today's Date _____