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LIFESTYLE CHECKLIST

Name:	
Date:	

PRE SCORE:

POST SCORE:

Please assign a value between 0 and 3 for each symptom. 0= never or non-existent/1=occasionally/2=frequently/3=always

1	Blurred Vision at near
2	Double vision
3	Headaches associated with near work
4	Words run together when reading
5	Burning, stinging, watery eyes
6	Falling asleep when reading
7	Vision worse at end of the day
8	Skipping or repeating lines when reading
9	Dizziness or nausea associated with near work
10	Head tilt or closing one eye when reading
11	Difficulty copying from a chalkboard or whiteboard
12	Avoidance of reading or near work
13	Omitting small words when reading
14	Writing uphill or downhill
15	Misaligning digits in columns of numbers
16	Reading comprehension declining over time
17	Inconsistent/poor sports performance
18	Holding reading material too close
19	Short attention span
20	Difficulty completing assignments in reasonable time
21	Difficulty with left/right or reversing letters and numbers
22	Avoiding sports and games
23	Difficulty with using pencil or scissors
24	Inability to estimate distances accurately
25	Tendency to knock things over on a desk or table
26	Difficulty with mathematical concepts
27	Misplaces or loses papers, objects, belongings
28	Difficulty with time management
29	Car sickness/motion sickness
30	Forgetful, poor memory