**LIFESTYLE CHECKLIST**

Patient name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed by:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient 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 whiteboard | | 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 downhill | | 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 | | |  |

***Depending on Total Score, additional medical testing may be necessary.***