**LIFESTYLE CHECKLIST**

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| After you consider each question, mark the columnthat 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 |  |
|  |  |  |  | TOTALSCORE  |  |

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