



Vision Therapy Clinic

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Symptoms of Visual Problems

Date: _____ Name: _____ Age: _____

How often do you/your child experience the following symptoms?
 Place a checkmark in the column that best describes you/your child.

How frequently does this happen?	Never 0	Little 1	At Times 2	A Lot 3	Always 4
1. Headaches with reading or writing					
2. Words slide together or get blurry when reading					
3. Reads below grade level					
4. Loses place while reading					
5. Head tilt or closes an eye when reading					
6. Hard to copy from the board					
7. Doesn't like reading or writing					
8. Leaves out small words when reading					
9. Hard to write in a straight line					
10. Burning, itching, or watery eyes					
11. Hard to understand what he/she has read					
12. Holds book very close					
13. Hard to pay attention when reading					
14. Hard to finish assignments on time					
15. Gives up easily (says "I can't" before trying)					
16. Bumps into things, knocks things over					
17. Homework takes too long					
18. Daydreams					
19. In trouble for being off task at school					
Number of total marks in each column					
Multiply total marks in each column by:	x 0	x 1	x 2	x 3	x 4
Score for each column					

If the **total score is more than 20**, there is > 80% chance of having a vision problem that is interfering with learning. The higher the score, the greater the probability. If a problem is suspected, a comprehensive examination is required to assess basic visual skills. A functional vision exam with a *Developmental Optometrist* may be done to evaluate specific areas necessary for efficient academic performance. If necessary, glasses, visual hygiene and/or optometric vision therapy will be prescribed to meet your specific needs and goals. If a problem is suspected, please contact our office at **(902) 742-1606**.