

COVD “Quality-of-Life” Vision Questionnaire

Check the column which best represents the occurrence of each symptom.

NAME _____ AGE _____ DATE _____

A = Accommodation B = Binocularity OM = Oculomotor O = Orientation P = Perception * = All

Symptom	Never- 0	Seldom - 1	Occasionally - 2	Frequently - 3	Always - 4
Headaches with near work (A)					
Difficulty copying from chalkboard (A)					
Avoids near work/reading (A)					
Holds reading too close (A)					
Words run together reading (B)					
Burning, itchy, watery eyes (B)					
Head tilt/closes one eye reading (B)					
Skips/repeats lines reading (OM)					
Omits small words reading (OM)					
Misaligns columns of numbers (OM)					
Writes up/down hill (O)					
Clumsy, knocks things over (O)					
Reading comprehension down (P)					
Poor reading attention (P)					
Always says “I can’t” before trying (P)					
Does not use his/her time well (P)					
Loses belongings/things (P)					
Forgetful/poor memory (P)					
Difficulty completing work on time (*)					
Total score =	x 0	x 1	x 2	x 3	x 4

**Tally up the column totals with the multipliers; any score of 20 or above is questionable of a visual deficit.
A score of 25 or more is almost certainly a vision problem.**

This screening tool was developed by optometrists and educators for the College of Optometrists in Vision Development (www.covd.org).



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