

COVD "Quality of Life" Vision Questionnaire

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

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

NAME _____

DATE _____

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

Total score = _____

Completed by: _____