

## Quality of Life Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please consider each question and choose the number that best applies:

*Never: 0    Seldom: 1    Occasionally: 2    Frequently: 3    Always: 4*

- \_\_\_  Blurred Vision    \_\_\_  Near    \_\_\_  Distance
- \_\_\_  Double vision/overlapping vision    \_\_\_  Near    \_\_\_  Distance
- \_\_\_  Headaches while or after doing near work.
- \_\_\_  Words appear to run together when reading.
- \_\_\_  Burning, stinging, itchy or watery eyes.
- \_\_\_  Falls asleep when reading.
- \_\_\_  Vision and visual work is worse at the end of the day.
- \_\_\_  Skips or repeats lines while reading.
- \_\_\_  Dizziness or nausea when doing near work.
- \_\_\_  Head tilts or one eye is closed or covered when reading.
- \_\_\_  (Students) Difficult copying from the chalkboard/white board/overhead.
- \_\_\_  Avoids near vision work/reading.
- \_\_\_  Omits (drops out) small words when reading.
- \_\_\_  Writes up or down hill.
- \_\_\_  Misaligns digits or columns of numbers.
- \_\_\_  Reversals    \_\_\_  Reading    \_\_\_  Writing
- \_\_\_  Reading comprehension low, or declines as day wears on
- \_\_\_  Poor, inconsistent performance in sports.
- \_\_\_  Holds books too close, leans too close to computer screen.
- \_\_\_  Trouble keeping attention centered on reading.
- \_\_\_  Difficulty completing assignments/meeting deadlines on time.
- \_\_\_  First response is "I can't" before trying.
- \_\_\_  Avoids sports and games.
- \_\_\_  Poor eye/hand coordination, (handwriting, catching, etc.)
- \_\_\_  Does not judge distances accurately.
- \_\_\_  Clumsy, accident prone, knocks things over.
- \_\_\_  Does not use/plan time well; poor time management.
- \_\_\_  Does not count or make change well; difficulty with \$ concepts.
- \_\_\_  Loses papers, objects, and belongings.
- \_\_\_  Car or motion sickness.
- \_\_\_  Forgetful, poor memory.
- \_\_\_  Difficulty with spelling.

Completed by: \_\_\_\_\_