

## Neuro-Optometric Rehabilitation Association Symptom Checklist

Please check the box that best matches your observations.

How often does each behavior occur?	Never (0)	Seldom (1)	Occasionally (2)	Frequently (3)	Always (4)
<b>EYESIGHT CLARITY</b>					
Distance vision blurred and not clear – even with lenses					
Near vision blurred and not clear – even with lenses					
Clarity of vision changes or fluctuates during the day					
Poor night vision/can't see well to drive at night					
<b>VISUAL COMFORT</b>					
Eye discomfort/sore eyes/eyestrain					
Headaches or dizziness after using eyes					
Eye fatigue/very tired after using eyes all day					
Feel "pulling" around the eyes					
<b>DOUBLING</b>					
Double vision – especially when tired					
Have to close or cover one eye to see clearly					
Print moves in and out of focus when reading					
<b>LIGHT SENSITIVITY</b>					
Normal indoor lighting is uncomfortable – too much glare					
Outdoor light too bright – have to use sunglasses					
Indoor fluorescent lighting is bothersome or annoying					
<b>DRY EYES</b>					
Eyes feel "dry" and sting					
"Stare" into space without blinking					
Have to rub the eyes a lot					
<b>DEPTH PERCEPTION</b>					
Clumsiness/misjudge where objects really are					
Lack of confidence walking/missing steps/stumbling					
Poor handwriting (spacing, size, legibility)					
<b>PERIPHERAL VISION</b>					
Side vision distorted/objects move or change position					
What looks straight ahead – isn't always straight ahead					
Avoid crowds/can't tolerate "visually-busy" places					
<b>READING</b>					
Short attention span/easily distracted when reading					
Difficulty/slowness with reading and writing					
Poor reading comprehension/ can't remember what was read					
Confusion of words/skip words during reading					
Lose place/have to use finger not to lose place when reading					
<b>Total Score _____</b>	__x 0	__x 1	__x 2	__x 3	__x 4