

COVID- Quality of Life 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)
Headaches with near work					
Words run together when reading					
Burn, itch, watery eyes					
Skips/repeats lines when reading					
Head tilt/closes one eye when reading					
Difficulty copying from the chalkboard					
Avoids near work/reading					
Omits small words when reading					
Writes up/down hill					
Misaligns digits/columns of numbers					
Reading comprehension down					
Holds reading too close					
Trouble keeping attention on reading					
Difficulty completing assignments					
Always says I can't before trying					
Clumsy, knocks things over					
Does not use his/her time well					
Loses belongings/things					
Forgetful/poor memory					
Total Score _____	__x 0	__x 1	__x 2	__x 3	__x 4