

Adult's Performance Summary

Advanced Family Eyecare

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www.afeyecare.com

Patient's Name: _____

Date of Birth _____ Today's Date _____

After you consider each question, mark the column that applies to you.

	Never	Seldom	Occasional	Frequent	Always
Blur when looking at near	0	1	2	3	4
Double vision, doubled or overlapping words on page	0	1	2	3	4
Headache while or after doing near vision work	0	1	2	3	4
Words appear to run together when reading	0	1	2	3	4
Burning, itching or watery eyes	0	1	2	3	4
Fall asleep when reading	0	1	2	3	4
Seeing and visual work is worse at the end of the day	0	1	2	3	4
Skip or repeat lines while reading	0	1	2	3	4
Dizziness or nausea when doing near work	0	1	2	3	4
Head tilt or one eye is closed or covered while reading	0	1	2	3	4
Difficulty copying	0	1	2	3	4
Avoid doing near vision work such as reading	0	1	2	3	4
Omit (drop out) small words while reading	0	1	2	3	4
Write up or down hill	0	1	2	3	4
Misalign digits or columns of numbers	0	1	2	3	4
Reading comprehension low, or declines as day wears on	0	1	2	3	4
Poor, inconsistent performance in sports	0	1	2	3	4
Hold books too close, lean too close to computer screen	0	1	2	3	4
Trouble keeping attention centered on reading	0	1	2	3	4
Difficulty completing work on time	0	1	2	3	4
First response is "I can't" before trying	0	1	2	3	4
Avoid sports and games	0	1	2	3	4
Poor hand/eye coordination	0	1	2	3	4
Not judge distances accurately	0	1	2	3	4
Clumsy, accident prone, knock things over	0	1	2	3	4
Do not use or plan time well	0	1	2	3	4
Do not count or make change well	0	1	2	3	4
Lose belongings and things	0	1	2	3	4
Car or motion sickness	0	1	2	3	4
Forgetful, poor memory	0	1	2	3	4

adultpersummary

Normal Score.....0-19

Suspect Problems.....20-24

Examination Needed.....25or Greater