

## Child's Performance Summary

Advanced Family Eyecare

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[www.afeyecare.com](http://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
Headaches 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
Falls 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
Skips or repeats lines while reading	0	1	2	3	4
Dizziness or nausea when doing near work	0	1	2	3	4
Head tilts or one eye is closed or covered while reading	0	1	2	3	4
Difficulty copying from the chalkboard	0	1	2	3	4
Avoids doing near vision work such as reading	0	1	2	3	4
Omits (drops out) small words while reading	0	1	2	3	4
Writes up or down hill	0	1	2	3	4
Misaligns 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
Holds books too close, leans too close to computer screen	0	1	2	3	4
Trouble keeping attention centered on reading	0	1	2	3	4
Difficulty completing assignments on time	0	1	2	3	4
First response is "I can't" before trying	0	1	2	3	4
Avoids sports and games	0	1	2	3	4
Poor hand/eye coordination, such as poor handwriting	0	1	2	3	4
Does not judge distances accurately	0	1	2	3	4
Clumsy, accident prone, knocks things over	0	1	2	3	4
Does not use or plan his/her time well	0	1	2	3	4
Does not count or make change well	0	1	2	3	4
Loses 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

childpersummary

Normal Score.....0-19

Suspect Problems.....20-24

Examination Needed.....25 or Greater