

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

## WARM SPRINGS OPTOMETRIC GROUP – PATIENT QUESTIONNAIRE

INSTRUCTIONS: Please answer the following questions about how your eyes feel when reading or doing close work.

		Never	(not very often) Infrequently	Sometimes	Fairly often	Always
1.	Do your eyes feel tired when reading or doing close work?					
2.	Do your eyes feel uncomfortable when reading or doing close work?					
3.	Do you have headaches when reading or doing close work?					
4.	Do you feel sleepy when reading or doing close work?					
5.	Do you lose concentration when reading or doing close work?					
6.	Do you have trouble remembering what you have read?					
7.	Do you have double vision when reading or doing close work?					
8.	Do you see the words move, jump, swim or appear to float on the page when reading or doing close work?					
9.	Do you feel like you read slowly?					
10.	Do your eyes ever hurt when reading or doing close work?					
11.	Do your eyes ever feel sore when reading or doing close work?					
12.	Do you feel a "pulling" feeling around your eyes when reading or doing close work?					
13.	Do you notice the words blurring or coming in and out of focus when reading or doing close work?					
14.	Do you lose your place while reading or doing close work?					
15.	Do you have to re-read the same line of words when reading?					
		__ x 0	__ x 1	__ x 2	__ x 3	__ x 4

**TOTAL SCORE** \_\_\_\_\_

**FOR CHILDREN** (age <21) total score = **16 or higher** indicates you may have significant symptoms to get a binocular vision evaluation to assess because you may benefit from vision therapy.

**FOR ADULTS** total score = **21 or higher** indicates you may have significant symptoms to get a binocular vision evaluation to assess because you may benefit from vision therapy.

Call us at (510)490-0287 to schedule a binocular vision exam with Dr. Turhal and please bring this form filled out to your appointment.

### Warm Springs Optometric Group

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