

## Lifestyle Checklist

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please assign a value between 0 and 4 for each symptom.

0= never or non-existent / 1=seldom / 2=occasionally / 3=frequently / 4=always

1	<b>Blurred vision at near</b>	
2	<b>Double vision</b>	
3	<b>Headaches with near work</b>	
4	<b>Words run together when reading</b>	
5	<b>Burning, stinging, watery eyes</b>	
6	<b>Falling asleep when reading</b>	
7	<b>Vision worse at the end of the day</b>	
8	<b>Skips or repeats lines when reading</b>	
9	<b>Dizziness or nausea with near work</b>	
10	<b>Head tilt or closing one eye when reading</b>	
11	<b>Difficulty copying from the board</b>	
12	<b>Avoidance of reading and near work</b>	
13	<b>Omitting small words when reading</b>	
14	<b>Writing uphill or downhill</b>	
15	<b>Mis-aligning digits in columns of numbers</b>	
16	<b>Reading comprehension down</b>	
17	<b>Inconsistent/poor sports performance</b>	
18	<b>Holds reading material too close</b>	
19	<b>Has trouble staying on-task when reading</b>	
20	<b>Difficulty completing assignments in reasonable time</b>	
21	<b>Says "I can't" before trying</b>	
22	<b>Avoiding sports and games</b>	
23	<b>Poor eye-hand coordination, poor handwriting</b>	
24	<b>Poor at estimating distances accurately</b>	
25	<b>Clumsy, knock things over on desk or table</b>	
26	<b>Difficulty with time management</b>	
27	<b>Difficulty with money concepts, making change</b>	
28	<b>Loses papers, objects, belongings</b>	
29	<b>Car sickness/motion sickness</b>	
30	<b>Forgetful, poor memory</b>	