

Brecheen Learning and Vision Center

Lifestyle Checklist

Name: _____ Date: _____

Please circle a value between 0 and 4 for each item.

0 = Never, Non-existent or Not applicable/ 1 = Seldom/ 2 = Occasionally/ 3 = Frequently/ 4 = Always

- | | |
|--|-----------|
| 1. Blurred vision when looking at near | 0 1 2 3 4 |
| 2. Double vision | 0 1 2 3 4 |
| 3. Headaches associated with near work | 0 1 2 3 4 |
| 4. Words run together when reading | 0 1 2 3 4 |
| 5. Burning, stinging, or watery eyes | 0 1 2 3 4 |
| 6. Falling asleep when reading | 0 1 2 3 4 |
| 7. Vision/Eyesight worse at the end of the work/school day | 0 1 2 3 4 |
| 8. Skipping or repeating lines when reading | 0 1 2 3 4 |
| 9. Dizziness or nausea associated with near tasks | 0 1 2 3 4 |
| 10. Head tilt or closing one eye when reading | 0 1 2 3 4 |
| 11. Difficulty copying from the board, overhead, computer | 0 1 2 3 4 |
| 12. Avoidance of near work or reading | 0 1 2 3 4 |
| 13. Omitting small words when reading | 0 1 2 3 4 |
| 14. Writing "uphill" or "downhill" | 0 1 2 3 4 |
| 15. Misaligning digits in columns of numbers | 0 1 2 3 4 |
| 16. Reading comprehension low or declining over time | 0 1 2 3 4 |
| 17. Inconsistent or poor sports performance | 0 1 2 3 4 |
| 18. Holding reading material too close | 0 1 2 3 4 |
| 19. Short attention span/Trouble maintaining attention | 0 1 2 3 4 |
| 20. Difficulty completing assignments in a reasonable amount of time | 0 1 2 3 4 |
| 21. Saying "I can't" before trying | 0 1 2 3 4 |
| 22. Avoiding sports and games | 0 1 2 3 4 |
| 23. Difficulty with hand tools/scissors, calculator, keys | 0 1 2 3 4 |
| 24. Inability to estimate distances accurately | 0 1 2 3 4 |
| 25. Tendency to knock things over on desk or table (clumsy) | 0 1 2 3 4 |
| 26. Difficulty with time management | 0 1 2 3 4 |
| 27. Difficulty with money concepts/making change | 0 1 2 3 4 |
| 28. Misplaces or loses papers, objects, belongings | 0 1 2 3 4 |
| 29. Car sickness/Motion sickness | 0 1 2 3 4 |
| 30. Forgetful or poor memory | 0 1 2 3 4 |

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