Convergence Insufficiency Symptom Survey

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

NOTE: If the patient is a child, please read the instructions and then each item exactly as written. If patient

responds with "yes" please qualify with frequency choices. Do not give examples.

Do your eyes feel tired when reading or doing close work? Do your eyes feel uncomfortable when reading or doing close work? Do you have headaches when reading or doing close work? Do you feel sleepy when reading or doing close work? Do you lose concentration when reading or doing close work? Do you have trouble remembering what you have read? Do you have double vision when reading or doing close work? Do you see the words move, jump, swim or appear to float on the page when reading or doing close work? Do you see the words move, jump, swim or appear to float on the page when reading or doing close work? Do you geel like you read slowly? Do you reyes ever hurt when reading or doing close work? Do you feel a "pulling" feeling around your eyes when reading or doing close work? Do you notice the words blurring or coming in and out of focus when reading or doing close work? Do you lose your place when reading or doing close work? Do you lose your place when reading or doing close work? Do you lose your place when reading or doing close work? Do you lose your place when reading or doing close work? Do you lose your place when reading or doing close work? Do you have to reread the same line of words when reading?		responds with yes please quality with frequency thortes	. DO 1101 g	ive examples.		1	
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Total	Score:	
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NOTE: For children a score of 16 or more indicates the need for a binocular vision evaluation. For adults a score of 21 or more indicates the need for a binocular vision evaluation.

Developed by the Convergence Insufficiency Treatment Group, funded by the National Eye Institute