

Convergence Insufficiency Treatment Trial
ELIGIBILITY EXAM SYMPTOM SURVEY – TEST 1

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Name _____

DATE (mm-dd-yy)

Clinician instructions: Read the following subject instructions and then each item exactly as written. If subject responds with "yes" — please qualify with frequency choices. Do not give examples.

Subject instructions: Please answer the following questions about how your eyes feel when reading or doing close work. First, think about whether or not you have the symptom. If you do, please tell me whether the problem occurs: Infrequently (not very often), Sometimes, Fairly Often, or Always."

		Never	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?					
To obtain score, total the number of "X's in each column						
Multiply by the column value		x0	x1	x2	x3	x4
Sum 5 values						

SCORE: _____