



Lifestyle Checklist

Name: _____ H C S _____ PRE POST INTERIM

Please assign a value between 0 and 4 for each symptom.
 0=never or non-existent / 1=seldom / 2=occasionally / 3=frequently / 4=always

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