

SYMPTOM QUESTIONNAIRE

Please check the column which best represents how often these signs and symptoms are occurring.

SIGNS & SYMPTOMS:	NEVER (0)	ONCE IN A WHILE (1)	SOMETIMES (2)	A LOT (3)	ALWAYS (4)
1. Headaches with near work					
2. Words run together when reading					
3. Burn, itch, watery eyes					
4. Skips/repeats lines when reading					
5. Head tilt/close 1 eye when reading					
6. Difficulty copying from board					
7. Avoids near work/reading					
8. Omits small words when reading					
9. Writes up/down hill					
10. Misaligns digits/column numbers					
11. Reading comprehension down					
12. Holds reading too close					
13. Trouble keeping attention on reading					
14. Difficulty completing assignments on time					
15. Always says "I can't" before trying					
16. Clumsy, knocks things over					
17. Does not use his/her time well					
18. Loses belongings/things					
19. Forgetful/poor memory					

TOTAL SCORE: _____ x0_____ x1_____ x2_____ x3_____ x4_____

Children who score 20 points or higher should be scheduled for an appointment today.

For more information or to schedule an appointment, call our office at: 435.363.2980