

**COVD Quality of Life - Lifestyle Checklist (abridged)**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Check the column which best represents the occurrence of each symptom

	NEVER	ONCE IN A LONG WHILE	SOMETIMES	A LOT	ALWAYS
Blurred vision at near					
Double vision					
Headaches associated with near work					
Words run together when reading					
Burning, stinging, watery eyes					
Falling asleep when reading					
Vision worse at the end of the day					
Skipping or repeating lines when reading					
Dizziness or nausea associated with near work					
Head tilt or closing one eye when reading					
Difficulty copying from the chalkboard					
Avoidance of reading and near work					
Omitting small words when reading					
Writing uphill or downhill					
Mis-aligning digits in columns of numbers					
Reading comprehension declining over time					
Inconsistent/poor sports performance					
Holding reading material too close					
Short attention span					
Poor eye-hand coordination (poor handwriting)					

X0 \_\_\_\_\_ X1 \_\_\_\_\_ X2 \_\_\_\_\_ X3 \_\_\_\_\_ X4 \_\_\_\_\_

TOTAL SCORE \_\_\_\_\_

**(Any score greater than 20 indicates a need for additional investigation.  
Refer to Calgary Vision Therapy / Dr. Brent W. Neufeld, OD.)**