

CONVERGENCE INSUFFICIENCY SYMPTOM SURVEY

Name: _____

Date: _____

Subject Instructions:

Please answer the following questions about how your eyes feel when reading or doing near work.

Clinician Instructions:

Read the following instructions and then each item exactly as written. If subject answers "yes" - please qualify with frequency choices

Do not give examples.

	Never (0)	Not Often (1)	Sometimes (2)	Fairly Often (3)	Always (4)
1. Do your eyes feel tired when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do your eyes feel uncomfortable when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Do you have headaches when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Do you feel sleepy when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Do you lose concentration when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Do you have trouble remembering what you have read?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Do you have double vision when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Do you see the words move, jump, swim, or appear to float on the page when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Do you feel like you read slowly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Do your eyes ever feel sore when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Do your eyes ever hurt when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Do you feel a "pulling" feeling around your eyes when reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Do you notice words blurring or going out of focus when reading/doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Do you lose your place while reading or doing close work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total Score: _____	<input type="radio"/> x 0	<input type="radio"/> x 1	<input type="radio"/> x 2	<input type="radio"/> x 3	<input type="radio"/> x 4

For Children (< age 21) total score = **16 or higher** is suggestive of convergence insufficiency.

For Adults total score = **21 or higher** is suggestive of convergence insufficiency.



West Suburban
Vision Therapy Center