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VISION THERAPY SYMPTOM QUESTIONNAIRE

Name _____ Date _____

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

Symptom	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 your eyes ever feel sore or hurt 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, or swim or appear to float on the page when reading or doing close work?					
9. Do you feel that you read slowly?					
10. Do you have a "pulling" feeling around your eyes when reading or doing close work?					
11. Do words blur or come in and out of focus when reading or doing close work?					
12. Do you skip over words while reading?					
13. Do you skip over entire lines of text while reading?					
14. Do you lose your place while reading or doing close work?					
15. Do you re-read the same line of words when reading unintentionally?					