



**NAPOLEON  
FAMILY VISION**  
& CONTACT LENS CENTER

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# CONVERGENCE INSUFFICIENCY SYMPTOM SURVEY

## Patient Instructions

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

### NOTE: If the patient is a child,

Please read the instructions and then each item exactly as written. If patient responds with "yes" please qualify with frequency choices. Do not give examples.

|   | Never | Infrequently<br>(Not Very Often) | 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 you feel sleepy 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, swim or appear to float on the page when reading or doing close work? |       |                                  |           |              |        |
| 9) Do you feel like you read slowly?  |       |                                  |           |              |        |
| 10) Do your eyes hurt when reading or doing close work?   |       |                                  |           |              |        |
| 11) Do your eyes ever feel sore when reading or doing close work?   |       |                                  |           |              |        |
| 12) Do you feel a "pulling" feeling around your eyes when reading or doing close work?                    |       |                                  |           |              |        |
| 13) Do you notice the words blurring or coming in and out of focus when reading or doing close work?      |       |                                  |           |              |        |
| 14) Do you lose your place when reading or doing close work?  |       |                                  |           |              |        |
| 15) Do you have to reread the same line of words when reading?  |       |                                  |           |              |        |

Total Score: \_\_\_\_\_

\_\_\_\_\_ x 0    \_\_\_\_\_ x 1    \_\_\_\_\_ x 2    \_\_\_\_\_ x 3    \_\_\_\_\_ x 4

\*NOTE: A score of 16 or more indicates the need for a binocular vision evaluation.