



**Kelly Vision
Performance Center**
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19 Item COVD-QOL Checklists

Check the column which best represents the occurrence of each symptom

NAME: _____ DATE _____

	NEVER 0	SELDOM 1	OCCASIONAL 2	FREQUENTLY 3	ALWAYS 4
1. Headaches with near work A					
2. Words run together reading B					
2. Burn, itch, watery eyes B					
4. Skips/repeats lines reading OM					
5. Head tilt/close one eye when reading B					
6. Difficulty copying from chalkboard A					
7. Avoids near work/reading A					
8. Omits small words when reading OM					
9. Writes up/down hill O					
10. Misaligns digits/columns of numbers OM					
11. Reading comprehension down P					
12. Holds reading too close A					
13. Trouble keeping attention on reading P					
14. Difficulty completing assignments on time*					
15. Always says *I can't* before trying P					
16. Clumsy, knocks things over O					
17. Does not use his/her time well P					
18. Loses belongings/things P					
19. Forgetful/poor memory P					

A=Accommodation; B=Binocularity; O=Orientation; OM=Ocularmotor; P=Perception; *=All

Tally up the column totals with the multipliers; any score of 20 or above is questionable of a visual deficit;

A score of 25 or more is almost certainly a vision problem.

Score _____

Completed by: _____