



Lambert Fick

BEHAVIOURAL OPTOMETRISTS

LAMBERTFICK.CO.ZA

VISUAL FUNCTION CHECKLIST 1

Date: _____ Name: _____ Date of birth: _____

	YES	NO
1. Do you ever experience double vision?		
2. Do objects appear to be moving when indeed they are not?		
3. Do you develop a headache when watching 3D movies?		
4. Do you get lost easily?		
5. Is it an effort to maintain your concentration?		
6. Do you tend to skip words or lines of print?		
7. Do you feel clumsy?		
8. Do you bump into things as you move about?		
10. Do/did you avoid sports with high speed moving objects?		
11. Do words appear to float or move while reading?		
12. Do you tend to spill liquids more than others?		
13. Does driving require extra effort or concentration?		
14. Is there a delay in refocusing when you look up from your close work?		
15. Do your eyes feel tired at the end of the day?		
16. Do you sometimes have to squint, close, or cover one eye when looking at objects?		
17. Do malls or busy places make you uncomfortable?		
18. Are you especially sensitive to sunlight or glare or do you squint an eye shut often?		
19. Do you feel like you have tunnel vision at times in spite of many things to look at?		
20. Do you have trouble navigating places such as the grocery store?		
21. Do you make mistakes quite regularly when copying work?		
22. Forgetful, poor memory?		