



Patient-Centered Eye Care
(814)272-0262

Tracy Carpenter Sepich, O.D., M.S.
Christine A. Zlupko, O.D.
 Doctors of Optometry
 Oakwood Centre, Suite 300
 100 Oakwood Avenue
 State College, PA 16803
 www.sepicheyecare.com

Lifestyle Checklist

Name: _____ Date: _____

PRE SCORE: _____ POST SCORE: _____

Please assign a value between 0 and 3 for each symptom.
 0= never or non-existent/1=occasionally/2=frequently/3=always

1	Blurred Vision at near	
2	Double vision	
3	Headaches associated with near work	
4	Words run together when reading	
5	Burning, stinging, watery eyes	
6	Falling asleep when reading	
7	Vision worse at end of the day	
8	Skipping or repeating lines when reading	
9	Dizziness or nausea associated with near work	
10	Head tilt or closing one eye when reading	
11	Difficulty copying from a chalkboard or whiteboard	
12	Avoidance of reading or near work	
13	Omitting small words when reading	
14	Writing uphill or downhill	
15	Misaligning digits in columns of numbers	
16	Reading comprehension declining over time	
17	Inconsistent/poor sports performance	
18	Holding reading material too close	
19	Short attention span	
20	Difficulty completing assignments in reasonable time	
21	Difficulty with left/right or reversing letters and numbers	
22	Avoiding sports and games	
23	Difficulty with using pencil or scissors	
24	Inability to estimate distances accurately	
25	Tendency to knock things over on a desk or table	
26	Difficulty with mathematical concepts	
27	Misplaces or loses papers, objects, belongings	
28	Difficulty with time management	
29	Car sickness/motion sickness	
30	Forgetful, poor memory	