

# COVD Quality of Life Checklist

Check the column which best represents the occurrence of each symptom

Category	Symptom	Never	Seldom	Occas.	Freq.	Always
<b>A</b>	Blur when looking at near					
<b>A</b>	Headaches with near work					
<b>A</b>	Sees worse at end of the day					
<b>A</b>	Difficulty copying from the Chalkboard					
<b>A</b>	Avoids near work/reading					
<b>A</b>	Holds head too close to the page					
<b>B</b>	Has double vision					
<b>B</b>	Words run together while reading					
<b>B</b>	Eyes burn, itch, or seem watery					
<b>B</b>	Falls asleep while reading					
<b>B</b>	Closes one eye or tilts head while reading					
<b>OR</b>	Dizzy or nauseous with near work					
<b>OR</b>	Writes up or down hill					
<b>OR</b>	Poor/inconsistent in sports					
<b>OR</b>	Avoids sports/games					
<b>OR</b>	Poor hand-eye coordination/poor handwriting					
<b>OR</b>	Clumsy/knocks things over					
<b>OR</b>	Car/motion sickness					
<b>OM</b>	Skips or repeats lines when reading					
<b>OM</b>	Misaligns digits/columns of numbers					
<b>P</b>	Reading comprehension is poor					
<b>P</b>	Trouble keeping attention on reading					
<b>P</b>	Says "I can't" before trying					
<b>P</b>	Does not use his/her time well					
<b>P</b>	Does not make change well with money					
<b>P</b>	Loses belongings/things					
<b>P</b>	Forgetful/poor memory					
<b>ALL</b>	Difficulty completing assignments on time					
<b>ALL</b>	Does not judge distance accurately					

Your Final Score: