

YOUTH PATIENT SYMPTOM CHECKLIST

PATIENT NAME: _____

TODAY'S DATE: _____

Please Check All Symptoms That Apply:

- Slow, difficult time reading
- Avoidance of near work
- Skips lines of text when reading
- Behind grade level in reading
- Frequent loss of place when reading
- Letter/word reversals after first grade
- Complains that words "move on the page"
- Omits, inserts or re-reads letters/words
- Red, sore, or itchy eyes
- Head tilting, closing or blocking one eye when reading
- Headaches, dizziness or nausea after reading
- Poor handwriting, misaligns numbers
- Jerky eye movements
- One eye turns in or out
- Failure to recognize the same word in the next line
- Difficulty copying from the board
- Confuses similar looking words
- Poor reading comprehension
- Short attention span
- Fatigue, frustration, stress associated with reading, homework or other nearwork
- Labeled ADD, ADHD, LD or Dyslexic