Aberdeen Chiropractic Clinic
your health & well being since 1979

Reading and Close Work Symptom Questionnaire (7 years or above)

Please answer the following questions about how your eyes feel when reading or doing close work e.g. on a computer. Tick the appropriate column below:

When reading, using a computer or doing close work:-	Always	Infrequently	Sometimes	Fairly Often	Never
Do your eyes feel tired?					
Do your eyes feel uncomfortable?					
Do you get headaches?					
Do you feel sleepy?					
Do you lose concentration?					
Do you have trouble remembering what you've read?					
Do you have double vision?					
Do you see words move, jump, swim, or appear to float on the page?					
Do you read slowly?					
Do your eyes ever hurt?					
Do your eyes ever feel sore?					
Do you feel a 'pulling' feeling around your eyes?					
Do you notice the words blurring/coming in and out of focus?					
Do you lose your place while reading? /fingers on page					
Do you re-read the same line of words?					
TOTAL X's in each column					

AUTHORISATION FOR EXAMINATION OF A MINOR

I hereby authorise this clinic and its Doctor (s) to administer an examination as they deem necessary to my child / ward (upon approval of parent or guardian).

I realise that I am responsible for all fees charged by this office and I agree to pay for all services provided. X-rays remain the property of this office.

Signed: _____ Date: _____