

# Symptom Survey (CISS)

## (for Patients $\geq 8$ Years of Age)

Name \_\_\_\_\_ Date \_\_\_\_\_

Please answer the following questions about how your eyes feel when reading or doing close work. (For patients  $\leq 12$  years of age, the intern/doctor should read the question to the patient.)

Symptom	Never	Infrequently	Sometimes	Fairly Often	Always
1. Do your eyes feel tired when reading or doing close work?					
2. Do your eyes feel uncomfortable when reading or doing close work?					
3. Do you have headaches when reading or doing close work?					
4. Do you feel sleepy when reading or doing close work?					
5. Do you lose concentration when reading or doing close work?					
6. Do you have trouble remembering what you have read?					
7. Do you have double vision when reading or doing close work?					
8. Do you see the words move, jump, swim, or appear to float on the page when reading or doing close work?					
9. Do you feel that you read slowly?					
10. Do your eyes ever hurt when reading or doing close work?					

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Handout developed by The Studt Center for Vision Therapy, Southern California College of Optometry, Fullerton CA. Can be modified by the user.  
 From Scheiman M, Rouse M. Optometric management of learning-related vision problems, 2nd ed. St. Louis: Mosby, 2006.

Symptom	Never	Infrequently	Sometimes	Fairly Often	Always
11. Do your eyes ever feel sore when reading or doing close work?					
12. Do you have a "pulling" feeling around your eyes when reading or doing close work?					
13. Do words blur or come in and out of focus when reading or doing close work?					
14. Do you lose your place while reading or doing close work?					
15. Do you have to reread the same line of words when reading?					
<p>Score <b>0</b> for Never; <b>1</b> for Infrequently; <b>2</b> for Sometimes; <b>3</b> for Fairly Often; and <b>4</b> for Always.  TOTAL SCORE: _____  This Survey was developed by the Convergence Insufficiency Research Group.</p>					