himalaya vision care centre
laser correction

HVCC *Badal de life!*

Symptoms Checklist

(To be filled in by the patient)

Name Date

Please complete these questionnaires. After each symptom listed, circle the number that best describes how often you experience that particular problem.

(0=Never, 1= Seldom, 2= Occasional, 3= Frequently, 4= Always)

1. Blurred vision at near	0 1 2 3 4
2. Blurred vision on computer monitor	0 1 2 3 4
3. Double vision	0 1 2 3 4
4. Headaches associated with near work	0 1 2 3 4
5. Headaches after working on computer	0 1 2 3 4
6. Burning, stinging and watery eyes	0 1 2 3 4
7. Rubbing or blinking of eyes	0 1 2 3 4
8. Words run together when reading	0 1 2 3 4
9. Falling asleep when reading	0 1 2 3 4
10. Skipping or repeating lines when reading	0 1 2 3 4
11. Head tilt or closing one eye when reading	0 1 2 3 4
12. Reversals of letters like p,q,b,d	0 1 2 3 4
13. Omitting small words when reading	0 1 2 3 4
14. Reading comprehension decline over time	0 1 2 3 4
15. Holding reading material too close	0 1 2 3 4
16. Difficulty focusing at distance after a work on computer	0 1 2 3 4
17. Eye fatigue, and general fatigue after computer work	0 1 2 3 4

18. Short attention span 0 1 2 3 4

19. Car sickness/motion sickness 0 1 2 3 4

20. Neck ache and body ache after computer work 0 1 2 3 4

For office use only		0	1	2	3	4	Total
Pre Treatment total	=						
Post treatment Total	=						