

FERRIS STATE UNIVERSITY

UNIVERSITY EYE CENTER

Convergence Insufficiency Symptom Survey¹

1. Reference: Borsting EJ, Rouse Mw, Mitchell GL, et al and the CITT group. Validity and reliability of the revised convergence insufficiency symptom survey in children. Optometry and Vision Science 2003; 80(12):832-838.

NAME _____ DATE _____

INSTRUCTIONS: Please answer the following questions about how your eyes feel when reading or doing close work. Place a check in the box that best describes how you feel for each line.

	Never	Infrequently (not very often)	Some- times	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 like you read slowly?					
10. Do your eyes ever hurt when reading or doing close work?					
11. Do your eyes ever feel sore when reading or doing close work?					
12. Do you feel a "pulling" feeling around your eyes when reading or doing close work?					
13. Do you notice the words blurring or coming 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 re-read the same line of words when reading?					
	Sum x 0	Sum x 1	Sum x 2	Sum x 3	Sum x 4

TOTAL SCORE: _____

Significant Scores: Children ≥ 16, Adults ≥ 21

Have you had an eye exam within the past year? YES No

If your score qualifies as significant, OR if you have not had an eye exam within the past year, please call the number listed below for a comprehensive vision exam.