### **Long Self Test:**

Top of Form

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Bothered by sunlight

* Yes
* No

Bothered by glare

* Yes
* No

Do you frequently wear sunglasses

* Yes
* No

Bothered by bright or fluorescent lights

* Yes
* No

Tired or drowsy under bright or fluorescent lights

* Yes
* No

Become anxious under bright or fluorescent lights

* Yes
* No

Get a headache/stomachache from bright or fluorescent lights

* Yes
* No

Feel antsy or fidgety under bright or fluorescent lights

* Yes
* No

Harder to listen under bright or fluorescent lights

* Yes
* No

Performance deteriorates under bright or fluorescent lights

* Yes
* No

Feel like there is not enough light when reading

* Yes
* No

Feel like there is too much light when reading

* Yes
* No

Read in dim light

* Yes
* No

Shade the page with your hand or body

* Yes
* No

Types of reading difficulties

Skip words or lines

* Yes
* No

Repeat or reread lines

* Yes
* No

Read with breaks

* Yes
* No

Lose place

* Yes
* No

Read in a “stop and go” rhythm

* Yes
* No

Omit small words

* Yes
* No

Poor reading comprehension

* Yes
* No

Reading becomes harder the longer you read

* Yes
* No

Use your finger or marker to help keep your place

* Yes
* No

Avoid reading

* Yes
* No

Avoid reading for pleasure

* Yes
* No

Rereads for comprehension

* Yes
* No

Reversals of letters and/or numbers

* Yes
* No

While reading or using a computer, do you:

Rub eyes

* Yes
* No

Move closer to or further away

* Yes
* No

Squint

* Yes
* No

Open eyes wide

* Yes
* No

Incorporate breaks

* Yes
* No

Change position to reduce glare

* Yes
* No

Close or cover one eye

* Yes
* No

Move head

* Yes
* No

Read word by word

* Yes
* No

Unable to speed read

* Yes
* No

Do you feel strain, fatigue, tired, or have headaches when:

Reading

* Yes
* No

Listening

* Yes
* No

Doing paper and pencil tasks

* Yes
* No

Reading on the computer / iPad / iPhone / Tablet

* Yes
* No

Watching TV, movies, or live stage productions

* Yes
* No

Copying material

* Yes
* No

Doing math assignments

* Yes
* No

Playing video games

* Yes
* No

Writing essays

* Yes
* No

Doing visually-intensive activities like needlepoint, sewing, cross stitching, crossword puzzles, woodworking, soldering, etc.

* Yes
* No

Reading under bright or fluorescent lights

* Yes
* No

Looking at stripes, patterns, polka dots, fluorescent colors

* Yes
* No

Handwriting:

Write up or down hill

* Yes
* No

Unequal or no spacing between letters or words

* Yes
* No

Unequal letter size

* Yes
* No

Unable to write on the line

* Yes
* No

Leave out words, letters, or punctuation marks

* Yes
* No

Attention/Concentration:

Problems concentrating with reading or writing

* Yes
* No

Easily distracted when reading or writing

* Yes
* No

Easily distracted when listening

* Yes
* No

Easily distracted when taking tests

* Yes
* No

Daydreams in class or at lectures

* Yes
* No

Problems staying on task

* Yes
* No

Problems starting tasks

* Yes
* No

Difficulty with scantron answer sheets

* Yes
* No

Copying:

Lose place (book, chalkboard, whiteboard, overhead)

* Yes
* No

Leave out words (book, chalkboard, whiteboard, overhead)

* Yes
* No

Slow (book, chalkboard, whiteboard, overhead)

* Yes
* No

Incomplete (book, chalkboard, whiteboard, overhead)

* Yes
* No

Careless errors (book, chalkboard, whiteboard, overhead)

* Yes
* No

Blink or squint (book, chalkboard, whiteboard, overhead?

* Yes
* No

Difficulty refocusing

* Yes
* No

Difficulty copying things onto or off computer or typewriter

* Yes
* No

Composition/Essay Writing:

Disorganized

* Yes
* No

Problems with punctuation

* Yes
* No

Problems proofreading

* Yes
* No

Leave out letters or words

* Yes
* No

Write without rereading

* Yes
* No

Mathematics:

Misalign digits in number columns

* Yes
* No

Difficulty seeing numbers in the correct column

* Yes
* No

Sloppy or careless errors

* Yes
* No

Use finger, graph paper, or other marker when working with columns of numbers

* Yes
* No

Difficulty seeing signs, symbols, numbers, decimal points

* Yes
* No

Reversals of numbers

* Yes
* No

Music:

Problems sight reading the notes

* Yes
* No

Prefer to memorize rather than read music

* Yes
* No

Prefer to play by ear

* Yes
* No

Use finger to track notes

* Yes
* No

Lose your place

* Yes
* No

Trouble reading the notes or notes and words together

* Yes
* No

Difficulty interpreting the music notations

* Yes
* No

Little progress in spite of regular practice

* Yes
* No

Depth Perception:

Difficulty getting on and off escalators

* Yes
* No

Clumsy

* Yes
* No

Bump into table edges or door jams

* Yes
* No

Difficulty walking up and/or down stairs

* Yes
* No

Difficulty judging distances

* Yes
* No

Drop or knock things over

* Yes
* No

As a child, accident prone or have bruises on your shins

* Yes
* No

When walking next to someone, do you drift into the person

* Yes
* No

When walking, do you feel dizzy or light headed

* Yes
* No

Afraid of heights

* Yes
* No

Sports Performance:

Problems tracking a flying ball like golf, baseball, or tennis

* Yes
* No

Trouble following the ball when watching sports on TV such as tennis, football or basketball

* Yes
* No

When watching sports on TV, can you follow the ball but not see anything else

* Yes
* No

Trouble catching or hitting a ball

* Yes
* No

Difficulty playing pool

* Yes
* No

Difficulty hitting the ball when playing baseball or tennis

* Yes
* No

Trouble learning how to ride a bike

* Yes
* No

Trouble jumping rope? Jump in at the wrong time or jump into the rope

* Yes
* No

Trouble playing games such as volley ball or four square

* Yes
* No

On playground equipment such as rings or bars, was it hard to go from one to the other

* Yes
* No

Driving: (if N/A, answer 'No')

Difficulty parallel parking

* Yes
* No

Do you feel like you will hit the car in front when parking

* Yes
* No

When parking, do you hit the curb or leave too much space

* Yes
* No

Difficulty judging when to turn in front of oncoming traffic

* Yes
* No

Uncertain about making lane changes

* Yes
* No

Extra cautious when making lane changes

* Yes
* No

Are the passengers tense when you make lane changes

* Yes
* No

Do passengers tell you that you tailgate

* Yes
* No

Are you overly cautious, leaving extra room between you and the car ahead

* Yes
* No

Fatigue while in a car

As a passenger, do you become drowsy

* Yes
* No

When driving, do you become drowsy

* Yes
* No

Bothered by glare on the chrome on cars

* Yes
* No

Bothered by glare off the rear window of the car in front of you

* Yes
* No

Stressful to drive in the rain/snow (glare)

* Yes
* No

Avoid driving at night

* Yes
* No

Bothered by headlights and street lights at night

* Yes
* No

Bothered by tail lights on cars

* Yes
* No

Bothered by red/green traffic lights

* Yes
* No

Have night blindness

* Yes
* No

Email \*

Email