### **Short Self Test:**

Top of Form

Do you skip words or lines when reading? \*

* Yes
* No

Do you reread lines? \*

* Yes
* No

Do you lose your place? \*

* Yes
* No

Are you easily distracted when reading? \*

* Yes
* No

Do you need to take breaks often? \*

* Yes
* No

Do you find it harder to read the longer you read? \*

* Yes
* No

Do you get headaches when you read? \*

* Yes
* No

Do your eyes get red and watery? \*

* Yes
* No

Does reading make you tired? \*

* Yes
* No

Do you blink or squint? \*

* Yes
* No

Do you prefer to read in dim light? \*

* Yes
* No

Do you read close to the page? \*

* Yes
* No

Do you use your finger or other markers? \*

* Yes
* No

Do you get restless, active, or fidgety when reading? \*

* Yes
* No

Email \*

Email

Confirm Email

Please enter your email, so we can follow up with you.

Bottom of Form