

Convergence Insufficiency Symptom Survey (CISS)

Name _____ Date ____/____/____

Instructions: Read the following patient instructions and then each item exactly as written. If patient responds with “yes” – please qualify with frequency choices.

Do not give examples.

Patient instructions: Please answer the following questions about how your eyes feel when reading or doing close work.

| | | Never | (Not very often) 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 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? | | | | | |
| | | ____x0 | ____x1 | ____x2 | ____x3 | ____x4 |

TOTAL SCORE _____