



Convergence Insufficiency Symptoms Survey (CISS)

Name: _____ Age: _____ Date: _____ / _____ / _____

If completing for yourself: Answer the following questions about how your eyes feel when reading or doing close work.

If completing for your child: Ask the following question to your child and **record your child's responses** about how their eyes feel when reading or doing close work.

SYMPTOMS	Frequency:				
	Never	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?					
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 when reading or doing close work?					
15) Do you have to reread the same line of words when reading?					
TOTAL (Sum all marks in each column)					
MULTIPLY THE TOTAL BY THE FOLLOWING	x0	x1	x2	x3	x4
SUBTOTAL					
GRAND TOTAL: (Sum all subtotals)					

To score the survey, simply add the marks in each column, then multiply each by the multiplier at the bottom of the survey, then sum all subtotals for the grand total - a score of 16 or more indicates the need of vision exam by a developmental optometrist.