



## 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 <b>tired</b> when reading or doing close work?   |            |              |           |              |           |
| 2) Do your eyes feel <b>uncomfortable</b> when reading or doing close work?                                 |            |              |           |              |           |
| 3) Do you have <b>headaches</b> when reading or doing close work?   |            |              |           |              |           |
| 4) Do you feel <b>sleepy</b> when reading or doing close work?  |            |              |           |              |           |
| 5) Do you <b>lose concentration</b> when reading or doing close work?                                       |            |              |           |              |           |
| 6) Do you have <b>trouble remembering what you have read?</b>   |            |              |           |              |           |
| 7) Do you have <b>double vision</b> when reading or doing close work?                                       |            |              |           |              |           |
| 8) Do you see the <b>words move, jump, swim, or appear to float</b> on the page?                            |            |              |           |              |           |
| 9) Do you feel like you <b>read slowly?</b>   |            |              |           |              |           |
| 10) Do your eyes ever <b>hurt</b> when reading or doing close work?   |            |              |           |              |           |
| 11) Do your eyes ever <b>feel sore</b> when reading or doing close work?                                    |            |              |           |              |           |
| 12) Do you feel a <b>pulling feeling around your eyes</b> when reading or doing close work?                 |            |              |           |              |           |
| 13) Do you notice the words <b>blurring or coming in and out of focus</b> when reading or doing close work? |            |              |           |              |           |
| 14) Do you <b>lose your place</b> when reading or doing close work?   |            |              |           |              |           |
| 15) Do you have to <b>reread the same line of words</b> when reading?                                       |            |              |           |              |           |
| <b>TOTAL</b><br>(Sum all marks in each column)  |            |              |           |              |           |
| <b>MULTIPLY THE TOTAL BY THE FOLLOWING</b>  | <b>x0</b>  | <b>x1</b>    | <b>x2</b> | <b>x3</b>    | <b>x4</b> |
| <b>SUBTOTAL</b>   |            |              |           |              |           |
| <b>GRAND TOTAL:</b><br>(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.