

**Eastside Family Vision Care**

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**COVID Quality of Life Questionnaire (Children/Teens)**  
**30-Item COVID-QOL Checklist**

**Patient's Name:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_

**Date of Questionnaire:** \_\_\_\_\_

**Completed By:** \_\_\_\_\_

Please circle corresponding number that best represents the occurrence of each symptom. \*Please note that it is not uncommon for a parent/guardian to have different observations than the patient and this is okay.

**0: Never    1: Seldom    2: Occasionally    3: Frequently    4: Always**

Patient						Parent/Guardian				
0	1	2	3	4	Blur when looking at near	0	1	2	3	4
0	1	2	3	4	Double vision	0	1	2	3	4
0	1	2	3	4	Headaches with near work	0	1	2	3	4
0	1	2	3	4	Words run together reading	0	1	2	3	4
0	1	2	3	4	Burn, itch, watery eyes	0	1	2	3	4
0	1	2	3	4	Falls asleep reading	0	1	2	3	4
0	1	2	3	4	Sees worse at the end of the day	0	1	2	3	4
0	1	2	3	4	Skips/repeats lines reading	0	1	2	3	4
0	1	2	3	4	Dizzy/nausea with near work	0	1	2	3	4
0	1	2	3	4	Head tilt/close one eye when reading	0	1	2	3	4
0	1	2	3	4	Difficulty copying from chalkboard	0	1	2	3	4
0	1	2	3	4	Avoids near work/reading	0	1	2	3	4
0	1	2	3	4	Omits small words when reading	0	1	2	3	4
0	1	2	3	4	Writes up/down hill	0	1	2	3	4
0	1	2	3	4	Misaligns digits/columns of numbers	0	1	2	3	4
0	1	2	3	4	Reading comprehension down	0	1	2	3	4
0	1	2	3	4	Poor/inconsistent in sports	0	1	2	3	4
0	1	2	3	4	Holds reading too close	0	1	2	3	4
0	1	2	3	4	Trouble keeping attention on reading	0	1	2	3	4
0	1	2	3	4	Difficulty completing assignments on time	0	1	2	3	4
0	1	2	3	4	Always says "I can't" before trying	0	1	2	3	4
0	1	2	3	4	Avoid sports/games	0	1	2	3	4
0	1	2	3	4	Poor hand/eye (poor handwriting)	0	1	2	3	4
0	1	2	3	4	Does not judge distance accurately	0	1	2	3	4
0	1	2	3	4	Clumsy, knocks things over	0	1	2	3	4
0	1	2	3	4	Does not use his/her time well	0	1	2	3	4
0	1	2	3	4	Does not make change well	0	1	2	3	4
0	1	2	3	4	Loses belongings/things	0	1	2	3	4
0	1	2	3	4	Car/motion sickness	0	1	2	3	4
0	1	2	3	4	Forgetful/poor memory	0	1	2	3	4
					<b>Add numbers together for each column for totals</b>					

Please contact Eastside Family Vision Care via email or phone to schedule an appointment.  
A score of greater than 20 is of concern and suggests that further evaluation is needed.