

## Gabrielle Family Vision Care

11411 NE 124th St., Bldg A, Ste 118 | Kirkland, WA 98034

Ph 425.820.2143 | Fax 425.820.2006 | www.gabriellevision.com | clinic@gabriellevision.com

### Adult COVID Quality of Life Questionnaire 30-Item COVID-QOL Checklist

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

**DOB (M/D/Yr):** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

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

***Please note that if these questions are too difficult to answer regarding the patient,  
please return the form to our front desk staff.***

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

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

Patient's View		Family Member's View of the Patient
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 when reading	0 1 2 3 4
0 1 2 3 4	Burning, itchy, watery eyes	0 1 2 3 4
0 1 2 3 4	Falls asleep when 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 when 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 switching gazes from distance to near	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/downhill	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 workload 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	Avoids sports/other physical activities	0 1 2 3 4
0 1 2 3 4	Poor hand/eye coordination	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
total=	<b>Add numbers together for each column to find totals</b>	total=

Please contact Gabrielle Family Vision Care via email or phone to schedule an appointment.

**A score of greater than 20 in either column is of concern and suggests that further evaluation is needed.**