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| **SPORTS VISION EVALUATION QUESTIONNAIRE** | | | | | | | |
| Name: | | |  | Age: | Date: | | |
| Sport(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | Position(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Eye Dominance: | Right | Left |  | Hand Dominance: | Right | Left | Both |
| Foot Dominance: | Right | Left |  | Swing Preference: | Right | Left | Switch |
| Correction Type: | Glasses | Contacts | None | Date of last eye exam: | | | |
| I wear correction while playing: | | YES | NO | How old is your current prescription: | | | |
| I wear sun protection: |  | YES | NO | If yes, describe: | | | |
| I wear safety glasses: | | YES | NO | I bring backup correction: YES NO | | | |
| I have had previous visual training: | | YES | NO | If yes, describe: | | | |

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS?

**(Please check all that apply)**

□ Difficulty seeing clearly □ Seeing double

□ Difficulty seeing/following a moving target □ Eye injury or surgery

□ Poor depth perception □ Blurred vision after close work

□ Easily distracted from visual target □ Sensitivity to lights

□ Reduced performance as stress builds □ Poor contrast sensitivity

□ Not playing up to potential □ Headaches

□ Lack of consistency in play □ Poor peripheral vision

□ Feel lost on the field/court

□ Difficulty in judging speed, distance, spin or location of ball/puck

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Do you have any reason to believe you currently have an eye or vision problem? | | | |  | YES | NO |
| If yes, please describe: |  | | | | | |
| Have you used visualization techniques before, during or after competition? | | | |  | YES | NO |
| If yes, please describe: |  | | | | | |
| Do you do any visual warm-up activities or have a visual plan before competition? | | | |  | YES | NO |
| If yes, please describe: |  | | | | | |
| Do you have any problems with balance and/or timing? | |  |  |  | YES | NO |
| If yes, please describe: |  | | | | | |
| What are your future goals in your sport? | | | | | | |
| What do you hope to achieve through sports visual training?  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| Have you ever had a concussion? (When, how, how many, etc.?)  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |