**SELF-TEST FOR IRLEN SYNDROME**

**(**[**www.Irlen.com**](http://www.irlen.com/)**)**

Please fill out this form **in ink**. Parents, complete the form in cooperation with your child.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: YOUR EXPERIENCES CAN BE IN THE PAST,**

**WHEN IN SCHOOL, AS WELL AS THE PRESENT**

***CHARACTERISTICS Please Circle Answer***

***Are you light sensitive?***

Bothered by sunlight Yes No ?

Bothered by glare Yes No ?

Do you frequently wear sunglasses? Yes No ?

Bothered by bright or fluorescent lights Yes No ?

Tired or drowsy under bright or fluorescent lights Yes No ?

Become anxious under bright or fluorescent lights Yes No ?

Get a headache/stomachache from bright or fluorescent lights Yes No ?

Feel antsy or fidgety under bright or fluorescent lights Yes No ?

Harder to listen under bright or fluorescent lights Yes No ?

Performance deteriorates under bright or fluorescent lights Yes No ?

Feel like there is not enough light when reading Yes No ?

Feel like there is too much light when reading Yes No ?

Read in dim light Yes No ?

Shade the page with your hand or body Yes No ?

***Types of reading difficulties:***

Skip words or lines Yes No ?

Repeat or reread lines Yes No ?

Read with breaks Yes No ?

Lose place Yes No ?

Read in a “stop and go” rhythm Yes No ?

Omit small words Yes No ?

Poor reading comprehension Yes No ?

Reading becomes harder as you continue Yes No ?

Use your finger or a marker to keep your place

Avoid reading Yes No ?

Avoid reading for pleasure Yes No ?

Reread for comprehension Yes No ?

Reverse letters and/or numbers Yes No ?

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***While reading or using a computer, do you:***

Rub eyes Yes No ?

Move closer to or further away Yes No ?

Squint Yes No ?

Open eyes wide Yes No ?

Incorporate breaks Yes No ?

Change position to reduce glare Yes No ?

Close or cover one eye Yes No ?

Move head Yes No ?

Read word by word Yes No ?

Unable to speed read Yes No ?

***Do you feel strain, fatigue, tired, or have headaches when:***

Reading Yes No ?

Listening Yes No ?

Doing paper and pencil tasks Yes No ?

Working on the computer Yes No ?

Whiteboards/Overheads Yes No ?

Watching TV, movies, or live stage productions Yes No ?

Copying material from a book or whiteboard Yes No ?

Doing math assignments Yes No ?

Writing long assignments Yes No ?

Doing visually-intensive activities like needlepoint, sewing,

cross stitching, crossword puzzles, woodworking, soldering, etc. Yes No ?

Working under bright or fluorescent lights Yes No ?

Looking at stripes, patterns, bright colors, and high contrast Yes No ?

***Handwriting:***

Write up or down hill Yes No ?

Unequal or no spacing between letters or words Yes No ?

Unequal letter size Yes No ?

Unable to write on the line Yes No ?

Leave out words, letters, or punctuation marks Yes No ?

***Attention/Concentration:***

Problems concentrating with reading or writing Yes No ?

Easily distracted when reading or writing Yes No ?

Easily distracted when listening Yes No ?

Easily distracted when taking tests Yes No ?

Daydreams in class or at lectures Yes No ?

Problems staying on task Yes No ?

Problems starting tasks Yes No ?

Difficulty with scantron answer sheets Yes No ?

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***Copying:***

Lose place (book, chalkboard, whiteboard, overhead) Yes No ?

Leave out words (book, chalkboard, whiteboard, overhead) Yes No ?

Slow (book, chalkboard, whiteboard, overhead) Yes No ?

Incomplete (book, chalkboard, whiteboard, overhead) Yes No ?

Careless errors (book, chalkboard, whiteboard, overhead) Yes No ?

Blink or squint (book, chalkboard, whiteboard, overhead? Yes No ?

Difficulty refocusing Yes No ?

Difficulty copying things onto or off computer or typewriter Yes No ?

***Composition/Essay Writing:***

Disorganized Yes No ?

Problems with punctuation Yes No ?

Problems proofreading Yes No ?

Leave out letters or words Yes No ?

Write without rereading Yes No ?

***Mathematics:***

Misalign digits in number columns Yes No ?

Difficulty seeing numbers in the correct column Yes No ?

Sloppy or careless errors Yes No ?

Use finger, graph paper, or other marker when working

with columns of numbers Yes No ?

Difficulty seeing signs, symbols, numbers, decimal points Yes No ?

Reversals of numbers Yes No ?

***Music:***

Problems sight reading the notes Yes No ?

Prefer to memorize rather than read music Yes No ?

Prefer to play by ear Yes No ?

Use finger to track notes Yes No ?

Lose your place Yes No ?

Trouble reading the notes or notes and words together Yes No ?

Difficulty interpreting the music notations Yes No ?

Little progress in spite of regular practice Yes No ?

***Depth Perception:***

Difficulty getting on and off escalators Yes No ?

Clumsy Yes No ?

Bump into table edges or door jams Yes No ?

Difficulty walking up and/or down stairs Yes No ?

Difficulty judging distances Yes No ?

Drop or knock things over Yes No ?

As a child, accident prone or have bruises on your shins Yes No ?

When walking next to someone, do you drift into the person Yes No ?

When walking, do you feel dizzy or light headed Yes No ?

Afraid of heights Yes No ?

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***Sports Performance:***

Problems tracking a flying ball like golf, baseball, or tennis Yes No ?

Trouble following the ball when watching sports on TV

such as tennis, football or basketball Yes No ?

When watching sports on TV, can you follow the ball but not

see anything else Yes No ?

Trouble catching or hitting a ball Yes No ?

Difficulty playing pool Yes No ?

Difficulty hitting the ball when playing baseball or tennis Yes No ?

Trouble learning how to ride a bike Yes No ?

Trouble jumping rope? Jump in at the wrong time or jump

into the rope Yes No ?

Trouble playing games such as volley ball or four square Yes No ?

On playground equipment such as rings or bars, was it hard

to go from one to the other Yes No ?

***Driving:***

Difficulty parallel parking Yes No ?

Do you feel like you will hit the car in front when parking Yes No ?

When parking, do you hit the curb or leave too much space Yes No ?

Difficulty judging when to turn in front of oncoming traffic Yes No ?

Uncertain about making lane changes Yes No ?

Extra cautious when making lane changes Yes No ?

Are the passengers tense when you make lane changes Yes No ?

Do passengers tell you that you tailgate Yes No ?

Are you overly cautious, leaving extra room between you and

the car ahead Yes No ?

***Fatigue While In A Car:***

As a passenger, do you become drowsy Yes No ?

When driving, do you become drowsy Yes No ?

Bothered by glare on the chrome on cars Yes No ?

Bothered by glare off the rear window of the car in front of you Yes No ?

Stressful to drive in the rain/snow (glare) Yes No ?

Avoid driving at night Yes No ?

Bothered by headlights and street lights at night Yes No ?

Bothered by red tail lights on cars Yes No ?

Bothered by red/green traffic lights Yes No ?

Have night blindness Yes No ?

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