



Dr. Wynn N. Tran

Integrative Optometry & Vision Rehabilitation Therapy

## Brain Injury Vision Symptom Survey

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Please check the most appropriate box, or circle the item number that best matches your observations. All information will be held in confidence. Thank you for your help!

### **SYMPTOM CHECKLIST**

**Circle a number below:**

<b>Please rate each behavior. How often does each behavior occur? (circle a number)</b>	<b>Never</b>	<b>Seldom</b>	<b>Occasionally</b>	<b>Frequently</b>	<b>Always</b>
<b>EYESIGHT CLARITY</b>					
Distance vision blurred and not clear -- even with lenses	0	1	2	3	4
Near vision blurred and not clear -- even with lenses	0	1	2	3	4
Clarity of vision changes or fluctuates during the day	0	1	2	3	4
Poor night vision / can't see well to drive at night	0	1	2	3	4
<b>VISUAL COMFORT</b>					
Eye discomfort / sore eyes / eyestrain	0	1	2	3	4
Headaches or dizziness after using eyes	0	1	2	3	4
Eye fatigue / very tired after using eyes all day	0	1	2	3	4
Feel "pulling" around the eyes	0	1	2	3	4
<b>DOUBLING</b>					
Double vision -- especially when tired	0	1	2	3	4
Have to close or cover one eye to see clearly	0	1	2	3	4
Print moves in and out of focus when reading	0	1	2	3	4
<b>LIGHT SENSITIVITY</b>					
Normal indoor lighting is uncomfortable -- too much glare	0	1	2	3	4
Outdoor light too bright -- have to use sunglasses	0	1	2	3	4
Indoors fluorescent lighting is bothersome or annoying	0	1	2	3	4
<b>DRY EYES</b>					
Eyes feel "dry" and sting	0	1	2	3	4
"Stare" into space without blinking	0	1	2	3	4
Have to rub the eyes a lot	0	1	2	3	4
<b>DEPTH PERCEPTION</b>					
Clumsiness / misjudge where objects really are	0	1	2	3	4
Lack of confidence walking / missing steps / stumbling	0	1	2	3	4
Poor handwriting (spacing, size, legibility)	0	1	2	3	4
<b>PERIPHERAL VISION</b>					
Side vision distorted / objects move or change position	0	1	2	3	4
What looks straight ahead--isn't always straight ahead	0	1	2	3	4
Avoid crowds / can't tolerate "visually-busy" places	0	1	2	3	4
<b>READING</b>					
Short attention span / easily distracted when reading	0	1	2	3	4
Difficulty / slowness with reading and writing	0	1	2	3	4
Poor reading comprehension / can't remember what was read	0	1	2	3	4
Confusion of words / skip words during reading	0	1	2	3	4
Lose place / have to use finger not to lose place when reading	0	1	2	3	4

Total Score: \_\_\_\_\_