Concussion/Head Injury Vision Symptom Survey Questionnaire

Patient Name:	nt Name: Date							
INSTRUCTIONS: Please check the most appropriate box, or circle the item number that best matches your symptoms today.								
Please rate each symptom. How often does each occur? (circle a number)	Never	Seldom	Occasionaly	Frequently	Always			
EYESIGHT CLARITY								
Distance vision blurred (Not clear with or without lenses)	0	1	2	3	4			
Near vision blurred (Not clear with or without 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			
VISUAL COMFORT								
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			
DOUBLING								
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			
LIGHT SENSITIVITY								
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			

Concussion/Head Injury Vision Symptom Survey Questionnaire

Please rate each symptom. How often does each occur? (circle a number)	Never	Seldom	Occasionaly	Frequently	Always
DRY EYES					
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
DEPTH PERCEPTION					
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
PERIPHERAL VISION					
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
READING					
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/use finger not to lose place when reading	0	1	2	3	4