## Concussion/Head Injury Vision Symptom Survey Questionnaire

Patient 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

## Always Seldom Occasionaly Frequently lever Please rate each symptom. How often does each occur? (circle a number) DRY EYES Eyes feel "dry" and sting "Stare" into space without blinking Have to rub the eyes a lot DEPTH PERCEPTION Clumsiness / misjudge where objects really are Lack of confidence walking / missing steps / stumbling Poor handwriting (spacing, size, legibility) PERIPHERAL VISION Side vision distorted / objects move or change position What looks straight ahead isn't always straight ahead Avoid crowds / can't tolerate "visually-busy" places READING Short attention span/easily distracted when reading Difficulty / slowness with reading and writing Poor reading comprehension/can't remember what was read Confusion of words / skip words during reading Lose place/use finger not to lose place when reading

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