TEAMWORK VISION THERAPY **BRAIN INJURY SYMPTOM SURVEY**

name: date:	NEVER	SELDOM	OCCASIONALLY	FREQUENTLY	ALWAYS
Y/N I have a medical diagnosis of brain injury					
date of injury: cause of injury:					
Y/N I sustained a brain injury without medical diagnosis					
date of injury: cause of injury:					
EYESIGHT CLARITY					
Distance vision is blurred and not clear even with your glasses (if needed)	○	○	○	○	○
Near vision is blurred and not clear even with your glasses (if needed)	○	○	○	○	○
Clarity of vision changes or fluctuates during the day	○	○	○	○	○
Poor night vision and trouble seeing well at night to drive	○	○	○	○	○
VISUAL COMFORT					
Eye discomfort / Sore Eyes / Eyestrain - when using your eyes	○	○	○	○	○
Headaches or dizziness after using your eyes	○	○	○	○	○
Eye fatigue / physically very tired after using your eyes all day	○	○	○	○	○
Feel a pulling sensation around your eyes	○	○	○	○	○
DOUBLE VISION					
Double vision, especially when tired	○	○	○	○	○
Have to close or cover one eye to see clearly for distance or near	○	○	○	○	○
Print goes in and out of focus or seems to move on the page when reading	○	○	○	○	○
LIGHT SENSITIVITY					
Normal indoor lighting is uncomfortable and causes too much glare	○	○	○	○	○
Outdoor light is too bright and have to always use sunglasses	○	○	○	○	○
Indoor fluorescent lighting is bothersome or annoying	○	○	○	○	○
DRY EYES					
Eyes feel dry and sting	○	○	○	○	○
"Stare" into space without blinking	○	○	○	○	○
Have to rub your eyes a lot	○	○	○	○	○
DEPTH PERCEPTION					
Clumsiness and misjudge where objects really are	○	○	○	○	○
Lack of confidence walking, missing steps, and stumbling	○	○	○	○	○
Decreased quality of handwriting (spacing, size, legibility)	○	○	○	○	○
PERIPHERAL VISION					
Side vision is distorted , peripheral objects seem to move or change position	○	○	○	○	○
What looks straight ahead isn't always straight ahead	○	○	○	○	○
Avoid crowds and can't tolerate "visually busy" places	○	○	○	○	○
READING					
Short attention span and easily distracted when reading	○	○	○	○	○
Difficulty and slow when reading and writing	○	○	○	○	○
Poor reading comprehension (You can't remember what you read)	○	○	○	○	○
Confusion of words or skip words while reading	○	○	○	○	○
Lose your place while reading and need to use your finger while reading	○	○	○	○	○
Office Use ONLY: Column Total					
	0	1	2	3	4
Office Use ONLY: GRAND TOTAL					31