

Traumatic Brain Injury & Post-Concussion Syndrome Symptom Survey

Patient Name: _____

Date of Birth: _____

Symptoms and Observations	Never (0)	(1)	(2)	(3)	(4)	Constant/ Always (5)
Blurry vision in the distance						
Blurry vision when reading						
Fluctuating/inconsistent vision						
Headaches						
Photophobia (light sensitivity)						
Phonophobia (hearing sensitivity)						
Double vision						
Loses place while reading						
Words appear to run together while reading						
Poor memory, forgetful						
Attention / concentration difficulties						
Visual memory difficulty						
Vision is worse at the end of the day						
Rereads reading material in order to comprehend						
Difficulty with eye tracking						
Eye fatigue						
Mental fatigue						
Physical fatigue						
Spatial disorientation						
Night vision worse than day vision						
Dizziness						
Flashes of light						
Irritability						
Emotional distress / anxiety						
Balance issues						
Vertigo / nausea						
Car / motion sickness						
Sleep Disturbances						
Disordered thinking						
Walking difficulties						
Poor depth perception						

Total: _____