

## BIVSS CHECKLIST (Brain Injury Vision Symptom Survey)

Patient Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

My brain injury was: \_\_\_\_\_ years ago      My age is: \_\_\_\_\_ years      today's date: \_\_\_\_\_

- I have had a medical diagnosis of brain injury (check box if true) Cause of injury: \_\_\_\_\_
- I sustained a brain injury without medical diagnosis (check box if true) \_\_\_\_\_
- I have NOT ever sustained a brain injury (check box if true)

*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. <u>How often does each behavior occur?</u> (circle a number)</b>	Never	Seldom	Occasionally	Frequently	Always
<b><i>EYESIGHT CLARITY</i></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><i>VISUAL COMFORT</i></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><i>DOUBLING</i></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><i>LIGHT SENSITIVITY</i></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><i>DRY EYES</i></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><i>DEPTH PERCEPTION</i></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><i>PERIPHERAL VISION</i></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><i>READING</i></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