## Neuro-Optometry Vision Questionnaire

To reveal potential vision problems after TBI or concussion. Please circle the number that best matches your observations.

NAME

| How often does each behavior occur? | Never | Seldom | Occasionally | Frequently | Always |
| :---: | :---: | :---: | :---: | :---: | :---: |
| EYESIGHT CLARITY |  |  |  |  |  |
| Distance vision blurred and not clear - even with lenses | 0 | 1 | 2 | 3 | 4 |
| Near vision blurred and not clear - event 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 |
| 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 to 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 lighting too bright - have to use sunglasses | 0 | 1 | 2 | 3 | 4 |
| Indoor fluorescent lighting is bothersome or annoying | 0 | 1 | 2 | 3 | 4 |
| 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/have to use finger to not lose place when reading | 0 | 1 | 2 | 3 | 4 |
| Total score = | x0 | x 1 | x2 | x3 | x4 |

