BIVSS Checklist (Brain Injury Vision Symptom Survey)

Name:_____ **Date:** ____/_____/_____ **Age:**_____

Please rate each behavior.
How often does each behavior occur? (circle a number)

	Never	Seldom	Occasional	Frequently	Always
EYESIGHT CLARITY					
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**
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 moved 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**
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 not to lose place when reading	**0**	**1**	**2**	**3**	**4**

Total Score:

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