

**Your name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **your age** \_\_\_\_\_ **today’s date**:\_\_\_\_\_\_\_\_

**🞎** I have had a medical diagnosis of brain injury (check box if true). My brain injury was: \_\_\_\_ years ago

**🞎** I suffered a brain injury without medical diagnosis (check box if true)

**🞎** I have NOT had a previous brain injury (check box if true)

***Please check the most appropriate box, or circle the item number that best matches.***

 ***Circle a number below****:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please rate each behavior.****How often does each behavior occur?** (circle a number) | **Never** | **Seldom** | **Occasionally** | **Frequently** | **Always** |
| Clarity of vision changes or fluctuates during the day |  0 |  1 |  2 |  3 |  4 |
| 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 |
| Print moves in and out of focus when reading |  0 |  1 |  2 |  3 |  4 |
| Normal indoor lighting is uncomfortable – too much glare |  0 |  1 |  2 |  3 |  4 |
| Indoors fluorescent lighting is bothersome or annoying |  0 |  1 |  2 |  3 |  4 |
| Clumsiness / misjudge where objects really are |  0 |  1 |  2 |  3 |  4 |
| Lack of confidence walking / missing steps / stumbling |  0 |  1 |  2 |  3 |  4 |
| 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 |
| 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 |

Predictive score => 28 Total Score for all 18 items: \_\_\_\_\_\_\_

Checklist courtesy of Pacific University College of Optometry