CM Optical Ltd.
Doctors of Optometry

Vision Therapy Clinic

615 Main Street, Suite 311
Yarmouth, NS B5A 1K1
(902) 742-1606 | cmoptical.ca

Symptoms Checklist for Traumatic Brain Injury

Date:_____ **Name:**_____ **Age:**_____

☐ I have had a medical diagnosis of brain injury/concussion (check box if true)
☐ I suffered a brain injury/concussion without medical diagnosis (check box if true)
☐ I have NOT had a previous brain injury/concussion (check box if true)

My brain injury was:_____ **years ago.**

Please rate each behavior. How often does each occur? (circle a number)	Never 0	Little 1	At Times 2	A Lot 3	Always 4
EYESIGHT CLARITY					
Distance Vision blurred and not clear – even with lenses					
Near vision blurred and not clear – even with lenses					
Clarity of vision changes or fluctuates during the day					
Poor night vision / can't see well to drive at night					
VISUAL COMFORT					
Eye discomfort / sore eyes / eyestrain					
Headaches or dizziness after using eyes					
Eye fatigue / very tired after using eyes all day					
Feel "pulling" around the eyes					
DOUBLING					
Double vision – especially when tired					
have to close or cover one eye to see clearly					
Print moves in and out of focus when reading					
LIGHT SENSITIVITY					
Normal indoor lighting is uncomfortable – too much glare					
Outdoor light too bright – have to use sunglasses					
Indoors fluorescent lighting is bothersome or annoying					
DRY EYES					
Eyes feel "dry" and sting					
"Stare" into space without blinking					
Have to rub the eyes a lot					
DEPTH PERCEPTION					
Clumsiness / misjudge where objects really are					

Lack of confidence walking / missing steps / stumbling					
Poor handwriting (spacing, size, legibility)					
PERIPHERAL VISION					
Side vision distorted / objects move or change position					
What looks straight ahead – isn't always straight ahead					
Avoid crowds / can't tolerate "visually-busy" places					
READING					
Short attention span / easily distracted when reading					
Difficulty / slowness with reading and writing					
Poor reading comprehension / can't remember what was read					
Confusion of words / skip words during reading					
Lose place / have to use finger not to lose place when reading					
Number of total marks in each column					
Multiply total marks in each column by:	**x 0**	**x 1**	**x 2**	**x 3**	**x 4**
Score for each column					

Any symptoms total above 31 is significant for visual problems. If a problem is suspected, a comprehensive examination is required to assess basic visual skills. A neuro-optometric functional vision exam with a *Developmental Optometrist* may be done to evaluate specific areas necessary for efficient performance. If necessary, glasses, visual hygiene and/or optometric vision therapy will be prescribed to meet your specific needs and goals. If a problem is suspected, please contact our office at **(902) 742-1606**.