

## Traumatic Brain Injury Symptom Checklist

Name: \_\_\_\_\_

Date: \_\_\_\_\_

INSTRUCTIONS: Check the column which best represents the occurrence of each symptom:

Never	Once in a long while	Sometimes	A lot	Always
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### GENERAL VISUAL SYMPTOMS

Distance vision blurry, even with lenses					
Near vision blurry, even with lenses					
Difficulty shifting focus between near & far					
Clarity of vision changes throughout the day					
Eye discomfort/tired eyes/eye strain					
Headaches or dizziness after using eyes					
Feel "pulling" around the eyes					
"staring" behavior (low blink rate)					
Double vision					
Fluorescent lighting is bothersome					
Have to rub the eyes a lot					

### READING SYMPTOMS

Have to close or cover one eye to see clearly or when reading					
Print goes in and out of focus when reading					
Print appears to move on the page when reading					
Short attention span/easily distracted when reading					
Difficulty/slowness with reading and/or writing					
Poor reading comprehension/memory of what was read					
Skips or repeats words and/or lines when reading					
Loss of place when reading					

	Never	Once in a long while	Sometimes	A lot	Always
<b>SPATIAL/BALANCE SYMPTOMS</b>					
Clumsiness and/or misjudges where objects really are					
Lack of confidence walking/missing steps/stumbling					
Poor balance and/or posture					
Consistently stays to one side of hallway or room					
Bumps into objects when walking					
Spatial Disorientation					
Side vision distorted/objects move or change position					
What looks straight ahead isn't always straight ahead					
<b>MISCELLANEOUS SYMPTOMS</b>					
Avoids crowds/can't tolerate "visually busy" places					
Problems with visual memory					
Poor handwriting (spacing, size, legibility)					
	x0 ____	x1 ____	x2 ____	x3 ____	x4 ____

TOTAL SCORE: \_\_\_\_\_

Please list any symptoms not included in the checklist: