

BIVSS Checklist

Brain Injury Vision Symptom Survey

This information helps us understand any visual difficulties you've experienced since your injury.
All information will remain confidential.

Name

Today's date

My brain injury was
years ago

My current age in years

Cause of injury

- ☐ I have had a medical diagnosis of brain injury
- ☐ I sustained a brain injury without a medical diagnosis
- ☐ I have not ever sustained a brain injury

For each item below, circle how often you notice that behaviour.

All information is held in confidence — thank you for helping us understand your vision.

	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, 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 moves in and out of focus when reading	0	1	2	3	4

	Never	Seldom	Occasionally	Frequently	Always
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
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 / cannot 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 / cannot 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

Anything else you'd like us to know about your vision?

Thank you for helping us understand your visual health.