

Brain Injury Vision Symptom Survey (BIVSS) Questionnaire

Patient Name: _____

Date _____

**INSTRUCTIONS: Please check the most appropriate box,
or circle the item number that best matches your symptoms today.**

<p>Please rate each symptom. How often does each occur? (circle a number)</p>	<p><i>0-112 scale Any score greater than 32/112 a concern</i></p>	Never	Seldom	Occasionally	Frequently	Always
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EYESIGHT CLARITY

Distance vision blurred (Not clear with or without lenses)	0	1	2	3	4
Near vision blurred (Not clear with or without 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

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

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<p>Please rate each symptom. How often does each occur? (circle a number)</p>					
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/use finger not to lose place when reading	0	1	2	3	4

*If total score is >32/112, feel free to call our clinics (519-265-8895)
 or email is at info@vuetherapy.ca and someone will help you!
 More info: www.vuetherapy.ca*