

# Symptoms Checklist for Traumatic Brain Injury

learn to see  
vision clinic

Name \_\_\_\_\_ age \_\_\_\_\_

Date \_\_\_\_\_ DOI \_\_\_\_\_

Rate each symptom 0=never 1=seldom 2=occasionally 3=frequently 4=always

|   |   |   |   |   |   |  |
|---|---|---|---|---|---|--|
| Headaches   | 0 | 1 | 2 | 3 | 4 |  |
| Light sensitivity   | 0 | 1 | 2 | 3 | 4 |  |
| Double vision, doubled or overlapping words                         | 0 | 1 | 2 | 3 | 4 |  |
| Blurred vision  | 0 | 1 | 2 | 3 | 4 |  |
| Difficulty changing between near and far vision                     | 0 | 1 | 2 | 3 | 4 |  |
| Covering or closing one eye to see more clearly                     | 0 | 1 | 2 | 3 | 4 |  |
| Eye strain or pain  | 0 | 1 | 2 | 3 | 4 |  |
| Losing place when reading   | 0 | 1 | 2 | 3 | 4 |  |
| Words move or run together when reading                             | 0 | 1 | 2 | 3 | 4 |  |
| Comprehension problems when reading                                 | 0 | 1 | 2 | 3 | 4 |  |
| Disordered thinking   | 0 | 1 | 2 | 3 | 4 |  |
| Forgetful or poor memory  | 0 | 1 | 2 | 3 | 4 |  |
| Sensory sensitivity (sights, sounds, touch)                         | 0 | 1 | 2 | 3 | 4 |  |
| Spatial disorientation  | 0 | 1 | 2 | 3 | 4 |  |
| Sensitive to motion in the periphery                                | 0 | 1 | 2 | 3 | 4 |  |
| Difficulty in busy visual environments<br>(mall/supermarket/school) | 0 | 1 | 2 | 3 | 4 |  |
| Reduced peripheral vision   | 0 | 1 | 2 | 3 | 4 |  |
| Balance issues, dizziness   | 0 | 1 | 2 | 3 | 4 |  |
| Nausea and/or vomiting  | 0 | 1 | 2 | 3 | 4 |  |
| Motion sickness   | 0 | 1 | 2 | 3 | 4 |  |
| Physical fatigue  | 0 | 1 | 2 | 3 | 4 |  |
| Sleep disturbances  | 0 | 1 | 2 | 3 | 4 |  |
| Increase in emotions or irritability                                | 0 | 1 | 2 | 3 | 4 |  |
| Difficulty with nighttime driving                                   | 0 | 1 | 2 | 3 | 4 |  |
| Stress/anxiety  | 0 | 1 | 2 | 3 | 4 |  |

Add the numbers from each line to find a final score

Total Score \_\_\_\_\_