



Adult Screening Questionnaire

Why This Questionnaire Matters

Vision changes are very common after brain injuries. This includes:

- Stroke (CVA), Traumatic Brain Injury (TBI)
- Brain haemorrhage, Hypoxic injury
- Brain tumour or neurosurgery or other acquired (non-developmental) brain injuries

These injuries can affect the brain's visual processing pathways. A person may be able to see clearly on an eye chart but still have difficulty:

- Finding things, Reading
- Navigating spaces, Judging steps or distances
- Managing busy environments
- Cooking or preparing meals
- Driving or crossing roads

These challenges are often invisible and can easily be mistaken for **memory problems, inattention, or confusion.**

This questionnaire helps us understand how vision functions in everyday life — at home, in the community, and during daily tasks.

Who Should Complete This?

This form can be completed by:

- The person who has experienced the stroke
- A family member or caregiver or health professional supporting them

There are no right or wrong answers. Please answer based on what you are noticing in daily life.

Important to Know

This screening does **not** provide a diagnosis.

It helps identify whether further functional vision assessment may be helpful.

Early identification of vision changes can improve safety, independence, rehabilitation outcomes and confidence.

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	0 Never	1 Rarely	2 Often	3 Always
A. General vision / visual acuity				
1. Do you have blurred vision for far tasks (TV across room, street signs)?				
2. Do you have blurred vision for near tasks (reading, phone, labels)?				
3. Do letters or objects seem to move, jump, or “swim” when you look at them?				
4. Do you have headaches, eye strain, or fatigue after visual tasks (reading, screens) within 10–15 minutes?				
B. Visual field / awareness of surroundings				
5. Do you bump into doorframes, people, or objects more on one side?				
6. Do you leave food on one side of the plate or miss objects on one side of the table?				
7. When walking, do you feel unsafe because you do not see things coming from one side?				
8. Do you have difficulty finding things in cluttered places (drawer, shelf, fridge)?				
9. Does your vision seem unclear in certain areas?				





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C. Eye movements / binocular vision				
10. Do you see double (two images of the same object) at any distance?				
11. Do you close or cover one eye to see more clearly or avoid double vision?				
12. Do you lose your place, skip lines, or reread the same line when reading?				
13. Do quick head or body turns make vision briefly unstable or uncomfortable (e.g., dizziness, nausea, imbalance)?				
D. Visual attention / neglect				
14. Do you forget or ignore objects or people on one side unless they are pointed out?				
15. When reading, do you miss the beginning or end of lines or whole words on one side?				
16. Do you get lost more easily in familiar places or indoors (finding rooms, exits)?				
E. Light sensitivity / visual discomfort				
17. Are you bothered by bright light, glare, or car headlights more than before your injury?				
18. Do screens (phone, computer, TV) quickly cause discomfort, headache, or fatigue?				





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F. Visual perception / processing				
19. Do you have trouble recognizing faces of people you know, even when you think you should?				
20. Do you misjudge distances (e.g., reaching too short/too far, knocking over cups, misstepping on stairs)?				
21. Do you have difficulty finding an object when it is surrounded by other objects (e.g., finding keys on a busy table)?				
G. Fluctuations in Vision				
22. Do you notice changes in vision throughout the day?				
23. Is your vision worse when tired or unwell?				
24. Is your vision worse in loud environments?				
25. Is your vision worse in crowded places?				
26. Is your vision worse after visually demanding activities such as reading, watching TV, knitting, painting?				

