APPENDIX 2:

Polytrauma Network Site (PNS) Vision Screening Protocol

Visual acuity and visual fields given in this summary are derived using techniques, lighting, and equipment designed for low vision.

**CC:** Patient **complains/does not complain** of changes noted in vision since injury:  
Patient **reports/does not report** sustaining an eye injury:

**HPI:** _____ year old (fe)male with presumed/confirmed/post-PRC TBI due to  
Date of injury:  
Country where injury occurred: **Iraq/Afghanistan/Other**

**Review of Visual System:** Last Eye Examination:  
SINCE YOUR INJURY DO YOU HAVE (Except Questions 18 & 19):  
1. Flashes? Yes/No  
2. Floaters? Yes/No  
3. Loss of peripheral vision? Yes/No  
4. Pain in or around eyes? Yes/No  
5. Pain with movement of eyes? Yes/No  
6. Diplopia? Yes/No  
7. Blurred vision at distance? Yes/No  
8. Blurred vision at near? Yes/No  
9. Increased photosensitivity? Yes/No  
10. Do you cover/close one eye to see better? Yes/No  
11. Unable to do sustained reading? Yes/No  
12. Do you fall asleep when reading? Yes/No  
13. Do you lose your place while reading? Yes/No  
14. Do your eyes get tired while reading? Yes/No  
15. Do you have reduced ability to concentrate while reading? Yes/No  
16. Do you have difficulty remembering what has been read? Yes/No  
17. Is it easier to read when you feel rested? Yes/ No  
18. H/o refractive error? Yes/No  
19. H/o strabismus/ambylopia? Yes/No  
20. Are your reading symptoms new since injury? Yes/No

**Gross observation of physical status:**  
* unaided ambulation  
* bedridden  
* wheelchair  
* support cane/walker  
* able to transfer  
* helmet  
* other:

**DVA (ee/se):** Snellen chart  
Right eye: PH:  
Left eye: PH:  
Both eyes:
NVA (cc/sc): use and indicate highest order of print possible: **numbers/single words/text**

Right eye:
Left eye:
Both eyes:

Accommodation: pull away

Right eye:
Left eye:

Near point of convergence:

Fixation:

Pursuits:

EOMs:

Saccades:

Binocular status: in primary gaze

Cover test at distance:

Cover test at near:

Stereo (Randot):

Color vision (Ishihara plates):

Right eye:
Left eye:

Confrontation visual fields:

Pupils:

APD:

**Assessment:**

1. **Visual Acuity:**
2. **Binocularity:** (grossly normal/vergence disorder/tropia)
3. **Accommodation:** (sufficient accommodation/accommodative dysfunction)
4. **Oculomotor function:** (grossly normal/saccades or pursuits dysfunction/ EOMS restrictions)
5. Patient **wants/does not want** to pursue a treatment plan for **his/her** visual symptoms.

**Plan:**
- Schedule further optometry clinic assessment:
  - **Optometry general clinic**
  - **Binocular Vision clinic**
  - **Low Vision clinic**
    
    **Specific tests:** **Goldmann Visual Field**

- Send ophthalmology consult: **no/yes**