



Transient Visual Obscuration Questionnaire

1. Please describe in the space provided below the visual event.

2. Was the onset ABRUPT or GRADUAL (circle one)?

Abrupt: consider Vascular etiology or neuronal discharge (migraine)

Gradual: Osmotic Δ 's due to Blood sugar Δ 's, tear film problems, demyelination

3. Did it occur in one eye, or both? RIGHT EYE LEFT EYE BOTH N/A

4. Did you have reading difficulties during this event? YES or NO

(Indicates binocular event if PT could not read during it.)

5. How Long did it last?

Few Seconds \rightarrow Papilledema

Seconds to Few Minutes \rightarrow Hypoperfusion to eye

20-30 Minutes \rightarrow Neuronal Depression (Migraine)

6. Please indicate if you experience any of the follow at before/during/after:

Marching ZIG-ZAG Lines	YES	NO
Non geometric lines	YES	NO
Flashes or Light (Photopsia)	YES	NO
Dizziness/ Vertigo	YES	NO
Difficulty Swallowing (Dysphagia)	YES	NO
Difficulty Speaking (Dysarthria)	YES	NO
Jaw Pain or Stiffness	YES	NO
Headache	YES	NO
Scalp Tenderness	YES	NO
Lightheadness, muscle weakness (Presyncope)	YES	NO
Transient Loss of Consciousness(Syncope)	YES	NO
Weaknes or Numbness of Limbs	YES	NO

If YES, which side : RIGHT or LEFT

7. Does the visual event occur when...

Getting up after lying down YES NO \rightarrow Hypoperfusion (papilledema, OIS, systemic Hypotension)

Turning your head YES NO \rightarrow Orbital Mass

Looking at Bright Lights YES NO \rightarrow Poor retinal outer perfusion