Score Sheet Vestibular Ocular Motor/Sensory Challenge Screen (VOMS/S)

Last/First name						Date pg1/2
Test/Symptoms	**Not Tested**	**Headache (0-10)**	**Dizziness (0-10)**	**Nausea (0-10)**	**Fogginess (0-10)**	**Comments**
Baseline (Pre-VOMS) Symptoms	**N/A**					
Smooth Pursuits	☐					
Saccades – Horizontal	☐					
Saccades – Vertical	☐					
VOR – Horizontal	☐					
VOR – Vertical	☐					
Visual Motor Sensitivity Test	☐					
Accommodation	**R** ☐					**Distance** **Right:**_____ **Left:**_____
	L ☐					
Convergence	☐					**Distance** **Right:** _____ **Left:** _____
	☐					
	☐					
	☐					
	☐					
	☐					
	☐					

Last/First name						Date pg2/2
Test/Symptoms	**Not Tested**	**Headache (0-10)**	**Dizziness (0-10)**	**Nausea (0-10)**	**Fogginess (0-10)**	**Comments**
Olfactory - challenges	☐					
Auditory challenges/ NMT tone generator	☐					
Snellen chart - acuity	☐					
Visual contrast scale	☐					
Near – Far focus	☐					
Light stimuli	☐					
Darkness stimulus	☐					
Vestibular Wobble board	☐					
Vestibular Rhomberg posture	☐					
Proprioception Blind finger to nose or other	☐					
Olfactory challenges	☐					
Taste challenges	☐					
Afferent touch challenges	☐					
Efferent touch challenges	☐					
Vibratory challenges	☐					