

Special Visual Assessment Clinic: Visual Skills Survey (infants)

Date completed:

Child's Name:

Date of birth:

Please circle appropriate response

Spectacles

Has your child been advised to wear spectacles? Yes/No

If yes, who prescribed them?

Does he/she wear them? always/sometimes/occasionally/never

Eye Patching

Has your child been advised to wear a patch? Yes/No

If yes, by whom?

Is it difficult to patch the eye? Yes/No

Do you understand why your child's eye is patched? Yes/No

Vision

Does your child follow your movements around a room when you give him/her no sound clues? Yes/No

Does he/she react to a light being switched on when there is no sound of the switch? Yes/No

Does he/she screw up his eyes when taken into bright sunlight? Yes/No

Does he/she return your smile when you smile without any sound? Yes/No

If yes, is it only when he/she is very near you? Yes/No

Does your child reach for a drink bottle/cup when you hold it in front of him/her? Yes/No

If no, does he/she become excited even though he/she doesn't reach for it? Yes/No

Curated by Ulster University Vision Resources:

Available to download at: <http://biomed.science.ulster.ac.uk/vision/Visual-Skills-Inventories.html>

Used by the Special Visual Assessment Clinic, supported by Research funding from the Health & Social Care R&D Office, Northern Ireland.

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Short Visual Skills Questionnaire for Parents about their Infant/young child

Is he/she aware of a spoonful of food coming towards his/her mouth? Yes/No

If yes do you think he/she sees it? Yes/No

Smells it? Yes/No

Or both? Yes/No

Is he/she aware of himself in a mirror? Yes/No

If yes, what is the furthest distance that they would be aware of themselves at (e.g. 6 metres, 1 metre)?

Does your child reach for a small bright noisy object (e.g. rattle)? Yes/No

Does your child reach for a large bright noisy object? Yes/No

Does your child reach for a small bright silent object? Yes/No

Does your child reach for a large bright silent object (e.g. a ball)? Yes/No

If yes, what is the furthest distance you think they would see it at (e.g. more than 6 metres, 1 metre)?

Does he/she see a small silent bright object e.g. ball? Yes/No

If yes what is the furthest distance you think they would see it at (e.g. more than 1 metre, 30cm)?

Does your child's vision seem better in bright light? Yes/No

Dim light? Yes/No

Do you think you child knows and recognises you face?

Yes/No

Does he/she recognise other faces of familiar people? Yes/No

Thanks for completing this questionnaire and this will help us assess and discuss your child's vision with you at the clinic appointment. If you wish to add anything else please do so below/overleaf.

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