

# TEACH CVI

Screening list for children with a suspicion of  
Cerebral Visual Impairment (CVI)

## Screening list CVI 1



"My home: stairs, people, and windows"  
Drawing by S.H., a five year old girl with CVI.



Erasmus+

<http://www.teachcvi.net>

Copyright © 2017 by the TeachCVI project (Erasmus+ project)

## Screening list for children with a suspicion of Cerebral Visual Impairment (CVI)

### 1) General information

Date questionnaire filled in: .....

Filled in by (name): .....

Relation to the child:

- Parent
- Teacher
- Health care professional
- Other interested person (please specify: .....)

### 2) Information about the child

Name: .....

Date of birth: ..... Age: .....y.....m

Gender:

- Male
- Female
- Other

### 3) Pregnancy and birth

Pregnancy duration: ..... weeks

Birth head circumference: ..... cm

Birth weight: ..... grammes

Multiple births:

- Yes: .....(e.g. twin or triplet)
- No

Were there any problems during the pregnancy?

- Yes
- No

If yes, please specify the problems:

.....  
.....  
.....

Delivery:

- Normal/vaginal delivery
- Caesarean delivery
- Using specific medical procedures (e.g. forceps in childbirth or vacuum extraction)
- Don't know (e.g. adoption)

Were there any problems during the delivery?

- Yes
- No

If yes, please specify the problems:

.....  
.....  
.....

**4) Medical and/or developmental issues**

Is your child being seen for any medical or developmental issues such as ADHD, Autism Spectrum Disorder, epilepsy, motor problems, growth disorders, or others issues?

- Yes
- No

If yes, please specify the issues:

.....  
.....  
.....



Refractive errors

Other:

.....  
.....  
.....

Have glasses been prescribed?

Yes

No

If yes, please specify why the child has glasses.

.....  
.....  
.....

**For each question, circle the number that applies to your child**

Below there is a list of questions that screen for Cerebral Visual Impairment (CVI).

Circle the number that is the most applicable to the child. Please do so for each question and trust your instinct.

The numbers correspond to:

**1 = Never**

**2 = Occasionally**

**3 = Frequently**

**4 = Always**

1. Makes eye contact.	1	2	3	4
2. Has difficulties with looking at objects.	1	2	3	4
3. Has difficulties with looking at people.	1	2	3	4
4. Stares at light sources (e.g. lights or windows).	1	2	3	4
5. Notices objects positioned at waist level or below.	1	2	3	4
6. Use of vision can fluctuate.	1	2	3	4
7. Smiles in response to you smiling at him/her.	1	2	3	4
8. Recognizes familiar people only when they speak.	1	2	3	4
9. Prefers certain colours over others.	1	2	3	4
10. Does not recognise common objects.	1	2	3	4
11. Does not recognise common pictures/images.	1	2	3	4
12. Can find a favourite toy easily when it is amongst other toys.	1	2	3	4
13. Can find a favourite toy easily when it is on a patterned surface (e.g. a rug or blanket).	1	2	3	4
14. Looks away while reaching out for an object.	1	2	3	4
15. Hesitates when there is a change of floor surface (e.g. from a wooden floor to a carpet).	1	2	3	4
16. Closes his/her eyes when listening to voices or sounds.	1	2	3	4
17. Notices an object only when it moves.	1	2	3	4
18. Notices a person only when he/she moves.	1	2	3	4
19. Reacts to sound rather than to visual stimuli.	1	2	3	4

**Further comments and questions that were difficult to answer:**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....