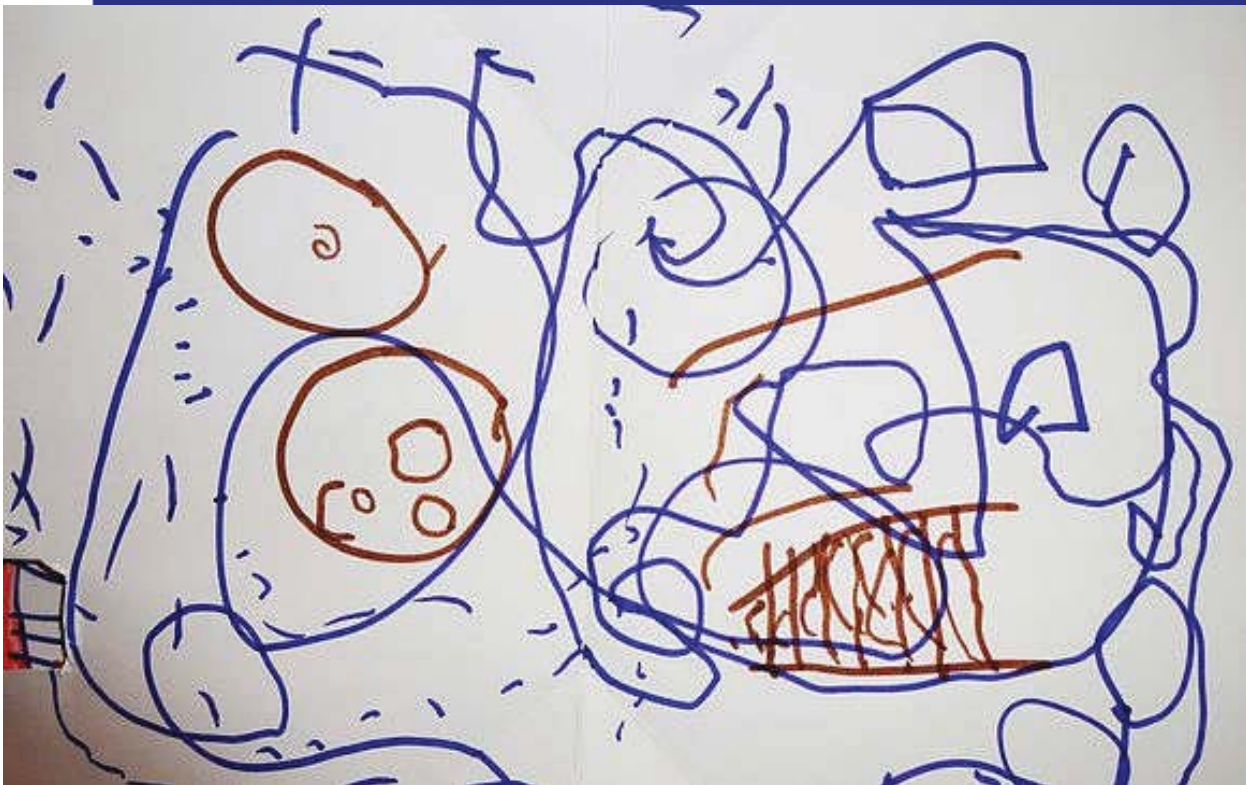


# TEACH CVI

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

## Screening list CVI 2



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



Erasmus+

<http://www.teachcvi.net>

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## 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:

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

Does your child receive therapy/help for these issues?

- Yes
- No

If yes, from whom?

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

Is your child on medication?

- Yes
- No

If yes, please specify which medication and why your child takes medication.

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

### 5) Visual problems

Does your child have known visual problems?

- Yes
- No

If yes, has the child been examined by an ophthalmologist/orthoptist/optometrist?

- Yes
- No

If yes, what problems were determined?

- Problems with visual acuity:      Acuity right: .....  
    Acuity left: .....
- Visual field loss
- Strabismus
- Amblyopia/lazy eye



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. Tilts head to look at something.	1	2	3	4
5. Has difficulties following moving objects (e.g. following a moving car).	1	2	3	4
6. Has difficulties following moving people (e.g. following a person who is walking).	1	2	3	4
7. Stares at light sources (e.g. lights or windows).	1	2	3	4
8. Falls over clearly visible objects.	1	2	3	4
9. Orientates the head downwards when walking.	1	2	3	4
10. Easily bumps into things.	1	2	3	4
11. Pays attention only to objects in front of him/her.	1	2	3	4
12. Use of vision can fluctuate.	1	2	3	4
13. Clutter in the room appears to interfere with visual attention.	1	2	3	4
14. Objects need to be brought close to be seen.	1	2	3	4
15. Looks away while reaching out for an object.	1	2	3	4
16. Reacts adversely in a strange or unfamiliar environment (e.g. shop or street).	1	2	3	4
17. Has difficulties distinguishing familiar from unfamiliar faces.	1	2	3	4
18. Reacts adversely to traffic sounds or suddenly produced sounds.	1	2	3	4
19. Reacts adversely to, e.g. passing children, cyclists or cars.	1	2	3	4
20. Does not recognise common objects.	1	2	3	4

1 = Never	2 = Occasionally	3 = Frequently	4 = Always	
21. Does not recognise common pictures/images.	1	2	3	4
22. Recognises common objects only when drawn in colour.	1	2	3	4
23. Recognises people by their voice, clothes and posture rather than looking at their faces.	1	2	3	4
24. Has difficulties when the lay-out of a room/class has changed.	1	2	3	4
25. Has difficulties with interpreting more complex drawings (e.g. overview picture/situation picture).	1	2	3	4
26. Can find a favourite toy easily when it is amongst other toys.	1	2	3	4
27. Can find a favourite toy easily when it is on a patterned surface (e.g. a rug or blanket).	1	2	3	4
28. Has difficulties distinguishing familiar from unfamiliar faces in a crowd.	1	2	3	4
29. Hesitates when there is a change of floor surface (e.g. from a wooden floor to a carpet or when encountering steps).	1	2	3	4
30. Hesitates where a floor pattern changes (e.g. from black to white tiles).	1	2	3	4
31. Has difficulty walking down steps.	1	2	3	4
32. Has difficulty perceiving the movement of objects (e.g. movement of a car or movement of a ball).	1	2	3	4
33. Has difficulty perceiving the movement of people.	1	2	3	4
34. Touches an object in preference to looking at it.	1	2	3	4
35. The child appears to try to compensate by talking a lot.	1	2	3	4

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

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