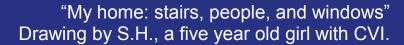


## **TEACH CVI**

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

Screening list CVI 3





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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:ym
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:
Delive	ry:
	Normal/vaginal delivery
	Caesarean delivery
	Using specific medical procedures (e.g. forceps in childbirth or vacuum
	extraction)
	Don't know (e.g. adoption)
Were t	there any problems during the delivery?
	Yes
	No
If yes,	please specify the problems:
4) Me	dical and/or developmental issues
ls you	r child being seen for any medical or developmental issues such as ADHD,
Autism issues	Spectrum Disorder, epilepsy, motor problems, growth disorders, or others?
	Yes
	No
If yes,	please specify the issues:



Does your child receive therapy/help f	for these issues?
☐ Yes	
□ No	
If yes, from whom?	
Is your child on medication?	
☐ Yes	
□ No	
If yes, please specify which medicatio	n and why your child takes medication.
5) Visual problems	
Does your child have known visual pro	oblems?
☐ Yes	
□ No	
If yes, has the child been examined by	y an ophthalmologist/orthoptist/optometrist?
☐ Yes	
□ No	
If yes, what problems were determine	d2
☐ Problems with visual acuity:	Acuity right:
Troblems with visual acuity.	Acuity left:
☐ Visual field loss	•
□ Strabismus	
☐ Amblyopia/lazy eye	



MOS17
☐ 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 = .	Alwa	ıys
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.	1	2	3	4
6.	Has difficulties following moving people.	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	12. Use of vision can fluctuate.		2	3	4
13	13. Clutter in the room appears to interfere with visual attention.		2	3	4
14	14. Objects need to be brought close to be seen.		2	3	4
15	. Looks away while reaching out for an object.	1	2	3	4
16	s. 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	. Has difficulties distinguishing familiar from unfamiliar faces in a crowd.	1	2	3	4



1 = Never 2 = Occasionally 3 = Frequently 4 = Always

Thereis 2 decidentally 5 Frequently			7 1111 0	,, -
21. Has difficulties with finding the way in unfamiliar environments (e.g. in a restaurant or department store).	1	2	3	4
22. Does not recognise common objects.	1	2	3	4
23. Does not recognise common pictures/images.	1	2	3	4
24. Recognises common objects only when drawn in colour.	1	2	3	4
25. Recognises people by their voice, clothes and posture rather than looking at their faces.	1	2	3	4
26. Has difficulties when the lay-out of a room/class has changed.	1	2	3	4
27. Can find a favourite toy easily when it is amongst other toys.	1	2	3	4
28. Has difficulty catching a ball.	1	2	3	4
29. Gets lost in crowded places (e.g. shopping mall or big group of children).	1	2	3	4
30. Is able to find objects/images on a patterned background (e.g. a chair in a room with a lot of furniture or detail in a complex picture).	1	2	3	4
31. Has difficulties placing objects in a certain spatial position (e.g. table in front of a chair, ball on top of the chair or doll at the right side of the chair).	1	2	3	4
32. Has difficulties with interpreting more complex drawings (e.g. overview picture/situation picture).	1	2	3	4
33. Has difficulties with following the line when reading.	1	2	3	4
34. Has difficulties with passing to the next line when reading.	1	2	3	4
35. Can keep writing along the line.	1	2	3	4
36. Has difficulties with passing to the next line of writing.	1	2	3	4
37. Has difficulties with reading the clock.	1	2	3	4
38. Has difficulties with visual representations (e.g. timelines, tables or weekly schedules).	1	2	3	4
39. Has difficulty walking down steps.	1	2	3	4
40. 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



1 = Never	2 = Occasionally	3 = Frequently		4 =	Alwa	ays
41. Hesitates white tiles)	where a floor pattern chan	ges (e.g. from black to	1	2	3	4
42. Likes to pla	ay group games (e.g. footb	all or basketball).	1	2	3	4
l .	ulty perceiving the move of a car or movement of a	, ,	1	2	3	4
44. Has difficu	Ity perceiving the movemen	nt of people.	1	2	3	4
45. The child a	ppears to try to compensa	te by talking a lot.	1	2	3	4

Further comments and questions that were difficult to answer: