

Figure 4.3

Sample Functional Vision Observation Questionnaire

Functional Vision Observation Questionnaire

Date: _____

Name of individual completing the form: _____

Role: _____

Baby's name: _____ D.O.B: _____

Parent's name(s): _____

Questions about Emmy's vision:

1. Do you think Emmy has some ability to see? Yes No
If yes, what behaviors make you think this? (describe in detail)

2. Do you think Emmy has a favorite toy? Yes No
If yes, can you describe it, including its color, size, and if it makes sounds or moves?

3. Does Emmy:

- | | | |
|---|------------------------------|-----------------------------|
| Keep her eyes open when awake? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tolerate visual activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Exhibit unusual eye movements (e.g., wiggling, blinking often, eyes closed most of the time)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have eyes that look straight (i.e., do not cross or seem to move in different directions)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hold her head in one particular position (e.g., to one side or chin-on-chest)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Seem to look at lights a lot? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Avoid looking at lights or squint in bright light? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Blink when something quickly moves toward her face? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Appear to react to objects of a specific color? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- Alert to a target using peripheral vision? Yes No
 If so, from which location? _____
- Alert to a new item presented nearby? Yes No
- Appear to gaze toward a moving ceiling fan? Yes No
- Seem more visually alert at night? Yes No
- Seem more visually alert during the day? Yes No
- Seem more visually alert outdoors? Yes No
- Seem more visually alert indoors? Yes No
- Alert to light in a dark environment easily? Yes No
- Alert to light in natural room light? Yes No
- Show interest in items with certain characteristics? Yes No
 If so, please describe them.
-
- Look at a favorite item that is nearby without visual delay? Yes No
- Look at familiar face(s) when nearby? Yes No
 How near must face be? _____
- Establish brief eye contact with a familiar person? Yes No
- Shift gaze (left to right, up and down, or near and far) to locate a favorite item nearby? Yes No
 How near must the object be? _____
- Reach or try to contact favorite items? Yes No
- Look at items that are not visually interesting (e.g., plain in color, no pattern)? Yes No
- Fixate on a desired item within a cluttered background (e.g., a specific toy in a toy box)? Yes No
- Maintain gaze while reaching for an object? Yes No
- Look toward an object or person to achieve a result (e.g., gaze at an adult to be picked up or gaze toward an item, such as a bottle, to get it)? Yes No
- Change position to improve view of a favorite target (e.g., roll slightly to view a moving pinwheel)? Yes No
- Move slightly to improve the ability to activate an object (e.g., move forward to reach a chime toy)? Yes No
- Look toward a named object located among two or three others? Yes No
- Smile spontaneously in response to an adult's smile? Yes No

- Look at high-contrast photos of known items or people? Yes No
- Look toward a photo of a very familiar person (e.g., Mommy) when the photo is named or when asked (“Look at Mommy’s picture”)? Yes No
- Imitate adults’ simple gestures (e.g., waving, touching nose, clapping)? Yes No
- Visually notice movement (e.g., an adult or animal walking by) across a room (beyond 4 feet)? Yes No
- Look toward a named item or person beyond 6 feet? Yes No
- Move toward a named item or person beyond 6 feet as physically able? Yes No