

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? ☐ Yes ☐ No

Tolerate visual activities? ☐ Yes ☐ No

Exhibit unusual eye movements (e.g., wiggling, blinking often, eyes closed most of the time)? ☐ Yes ☐ No

Have eyes that look straight (i.e., do not cross or seem to move in different directions)? ☐ Yes ☐ No

Hold her head in one particular position (e.g., to one side or chin-on-chest)? ☐ Yes ☐ No

Seem to look at lights a lot? ☐ Yes ☐ No

Avoid looking at lights or squint in bright light? ☐ Yes ☐ No

Blink when something quickly moves toward her face? ☐ Yes ☐ No

Appear to react to objects of a specific color? ☐ Yes ☐ No

Alert to a target using peripheral vision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, from which location? _____		
Alert to a new item presented nearby?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appear to gaze toward a moving ceiling fan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seem more visually alert at night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seem more visually alert during the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seem more visually alert outdoors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seem more visually alert indoors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alert to light in a dark environment easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alert to light in natural room light?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Show interest in items with certain characteristics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please describe them.		

Look at a favorite item that is nearby without visual delay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Look at familiar face(s) when nearby?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How near must face be? _____		
Establish brief eye contact with a familiar person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shift gaze (left to right, up and down, or near and far) to locate a favorite item nearby?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How near must the object be? _____		
Reach or try to contact favorite items?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Look at items that are not visually interesting (e.g., plain in color, no pattern)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fixate on a desired item within a cluttered background (e.g., a specific toy in a toy box)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maintain gaze while reaching for an object?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Change position to improve view of a favorite target (e.g., roll slightly to view a moving pinwheel)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Move slightly to improve the ability to activate an object (e.g., move forward to reach a chime toy)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Look toward a named object located among two or three others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Smile spontaneously in response to an adult's smile?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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| Look at high-contrast photos of known items or people? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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”)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Imitate adults’ simple gestures (e.g., waving, touching nose, clapping)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Visually notice movement (e.g., an adult or animal walking by) across a room (beyond 4 feet)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Look toward a named item or person beyond 6 feet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Move toward a named item or person beyond 6 feet as physically able? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |