

# Appendix 4: Questionnaire parents and/or carers

## QUESTIONNAIRE FOR VISUAL FUNCTIONING

Intended for parents and/or caregivers

Date : .....

Filled in by : .....

Relationship to client /pupil/student : .....

Client/pupil/student's name : .....

Date of birth : .....

## INSTRUCTIONS

This questionnaire is intended to provide a global representation of the person's visual functioning and is to be filled in by parents and/or involved caregivers.

Please tick the appropriate answer in the list. In addition, each paragraph has a category "other", for any exceptions. There is also a possibility to give an explanation or more information. Please feel free to do so!

The information we obtain through this observation is very important for the assessment of the visual functioning of the client. If there are doubts or questions about certain behaviour, then we would like to know. The assessment will then be more directed to the client and more tailored to meet his/her needs.

<b>Visual behaviour and interests</b>						
	<b>He/She</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>	<b>N/A</b>
1.	has visual interest in his/her surroundings					
2.	has wandering or restless eye movements					
3.	adopts an unusual head position while looking					
4.	stares into light sources such as a lamp or a window					
5.	plays with light, e.g. by moving fingers					
6.	has a preference for high-contrast and shiny materials					
7.	responds mainly to moving people/objects					
8.	looks up when someone enters a room					
9.	shows visual interest in objects					
10.	watches television /computer/tablet					
11.	sees small objects as crumbs, sprinkles or beads					
12.	moves closer towards objects to see them better					
13.	shows variable visual behaviour (sometimes notices objects and sometimes not)					
14.	notices change in surroundings or in other people					
	Other:					
Additional information:						

<b>Eye-handcoordination (only to be filled in if motor skills allow this)</b>						
	<b>He/She</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>	<b>N/A</b>
1	has directed movements when he/she wants to pick up something					
2	often grabs next to the object he/she wants to pick up					
3	can pick up small things like crumbs, sprinkles or beads in a targeted manner					
4	can pick up objects the size of a banana					
5	picks up objects with an open hand (parachute grip)					
6	picks up objects using thumb and index finger (tweezer grip)					
7	looks away when he/she wants to pick up something and then uses only the sense of touch to pick it up					
	Other:					
Additional information:						

<b>Social functioning</b>						
	<b>He/She</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>	<b>N/A</b>
1	makes eye contact at close range					
2	makes eye contact from a distance					
3	follows people walking through the room					
4	gives the impression of looking past you					

	<b>He/She</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>	<b>N/A</b>
5	distinguishes between known and unknown persons					
6	imitates facial expressions and/or gestures					
7	recognizes a familiar person (without the help of voice recognition)					
8	is startled by an unexpected noise					
9	is startled if someone approaches him/her without warning					
10	responds to facial expressions (without sound)					
11	recognises persons without the use of sound/voice					
	Other:					
Additional Information:						

<b>Other senses</b>						
	<b>He/She</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>	<b>N/A</b>
1	prefers auditory stimuli, listens before he/she looks					
2	has a strong preference for auditory activities, games with sound, music or other (homemade) sounds					
3	searches by feeling around to find an object by touch					
4	uses touch to explore objects					
5	smells objects and/or food					
	Other:					
Additional information:						

<b>Orientation and mobility</b>						
	<b>He/She</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>	<b>N/A</b>
1	is interested in exploring his/her surroundings					
2	stumbles or bumps into things regularly					
3	moves hesitantly when there are colour differences in the flooring					
4	often hesitates to proceed when at curb sides and steps					
5	shows that he/she recognizes a familiar place					
6	can find his/her way around in well-known surroundings					
	Other:					
Additional information:						

<b>Recognition</b>						
	<b>He/She</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>	<b>N/A</b>
1	has a clear preference for certain colours. If so, which colours? .....					
2	is able to recognise objects					
3	Is able to name objects					
4	makes choices between two objects (when only shown visually)					
5	can pick out a requested object from a pile of objects					
6	recognises objects in photographs/images					
7	recognises family and/or caregivers in photographs					
8	can match images (e.g. memory game)					
9	can find an object if it is on a visually busy surface (e.g. full table, busy tablecloth)					
10	follows a fallen object visually					
11	looks for a fallen object					
12	responds adequately to familiar gestures from an adult					
	Other:					
Additional Information:						

<b>Reactions to light</b>						
	<b>He/She</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>	<b>N/A</b>
1	squeezes eyes shut in bright light and can't handle bright sunshine					
2	seeks out and appears to prefer well-lit areas					
3	seeks out and appears to prefer darker areas					
	Other:					
Additional information:						