

A.B.C. Vision CHECKLIST

Indicators Associated with Vision Loss

Best practices for conducting vision screening necessitate in-person contact between the screener and the child. During this time of national emergency; however, when face-to-face contact is deemed unsafe, it is important to identify an alternative vehicle for finding young children with potential vision loss. Accordingly, Child Outreach has adopted the Prevent Blindness® ABC's of Possible Vision Problems in Children and reworked it into this questionnaire to identify potential risk factors that warrant referral to an eye doctor. It is important to be aware of the limitations of this questionnaire and the importance of following up with an in-person screen as soon as possible. Vision difficulties, needing further attention or assessment, cannot be ruled out through this questionnaire.

Child's Name: _____ Child's D.O.B.: _____

Name of Person Completing Form: _____ Date: _____

	YES	NO	Please indicate if your child has experienced any of the following.
A: Appearance	<input type="checkbox"/>	<input type="checkbox"/>	Eyes do not line up or look straight ahead
	<input type="checkbox"/>	<input type="checkbox"/>	Eyes are watery or red (inflamed)
	<input type="checkbox"/>	<input type="checkbox"/>	Recurring styte or bump (infection) on eyelid
	<input type="checkbox"/>	<input type="checkbox"/>	Color photos of child's eyes show a white reflection in the pupil (middle of the eye)
	<input type="checkbox"/>	<input type="checkbox"/>	Red-rimmed, crusted, or swollen eyelids
	<input type="checkbox"/>	<input type="checkbox"/>	Eyelid does not fully open (droopy)
	<input type="checkbox"/>	<input type="checkbox"/>	The pupil (the black circle in the colored part of the eye) in one eye is larger than the pupil in the other eye
	<input type="checkbox"/>	<input type="checkbox"/>	The iris (colored part of the eye) in one eye is not the same round shape and size as the iris in the other eye
	<input type="checkbox"/>	<input type="checkbox"/>	Both eyes jerk back and forth quickly from side to side
B: Behavior	<input type="checkbox"/>	<input type="checkbox"/>	Closes or covers one eye when looking at a book or a close object
	<input type="checkbox"/>	<input type="checkbox"/>	Rubs eyes often
	<input type="checkbox"/>	<input type="checkbox"/>	Squints eyes when trying to see things near or far away
	<input type="checkbox"/>	<input type="checkbox"/>	Tilts head or turns face when playing with a toy, looking at a book, or trying to see something near or far away
	<input type="checkbox"/>	<input type="checkbox"/>	Seems unusually clumsy- bumps into things often or knocks things over
	<input type="checkbox"/>	<input type="checkbox"/>	Brings toys or books close to his or her face
	<input type="checkbox"/>	<input type="checkbox"/>	Blinks eyes more than usual or is cranky when doing close-up work
C. Complaints	<input type="checkbox"/>	<input type="checkbox"/>	Blurred vision when looking at near objects, such as toys or books
	<input type="checkbox"/>	<input type="checkbox"/>	Eyes itch, burn or feel scratchy
	<input type="checkbox"/>	<input type="checkbox"/>	Unable to see something other people can see
	<input type="checkbox"/>	<input type="checkbox"/>	Sees worse at the end of the day
	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness, headaches, or nausea when doing near work
	<input type="checkbox"/>	<input type="checkbox"/>	Light is too bright

Has your child ever failed a vision screening? Yes No

Has your child been identified with a vision loss? Yes No

Do you have concerns about your child's vision? Yes No

Is your child currently under the care of an eye doctor? Yes No

If yes, what was the date of your child's last visit? _____ Next visit? _____

Additional Comments:

For office use only:

No identified indicators were noted or child followed by an optometrist/ophthalmologist.

Refer for additional follow-up due to the risk factors indicated above.

For more information, visit www.preventblindness.org/your-childs-sight.