

Vision Risk Assessment Questionnaire For Children Birth to Five Years

Child's Name	Today's Date
Address	
D.O.B.	
Parent's Name	
Telephone Number	

Please answer the following questions by circling the one that is right for your child.

- 1) Have any of the child's blood relatives had a vision loss in one or both eyes before age 25 that was not caused by an injury and was not corrected with glasses?
Yes No

- 2) Was the child born more than six weeks before the expected due date?
Yes No

- 3) Did your child spend any time in a neonatal intensive care unit or a special care nursery?
Yes No

- 4) Did your baby weigh less than 3 pound and 5 ounces at birth?
Yes No

- 5) Did the birth mother have any of the below listed health problems or take any of the listed medications during pregnancy?
Yes No

Health Problems

Rubella (German measles)	Histoplasmosis
Herpes	Toxoplasmosis
Cytomegalovirus	exposure to radiation
AIDS	drug abuse
Venereal infections	alcohol abuse

Medicines

Dilantin (for seizures)	steroids
Phenobarbital (for seizures)	Chloroquine (for Malaria)
Coumadin (blood thinner)	Quinine (for Malaria)
medicine for cancer	Accutane

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6) Has your child ever had any of the below listed illnesses or injuries?

Yes No

- Meningitis/Encephalitis (also called Brain Fever)
- problems with genes (e.g., Down's Syndrome)
- Marfan's Syndrome
- Thyroid problems
- weakness, along with problems relaxing muscles
- tan spots bigger than a quarter
- a lot of freckles under the arm pit or in the groin area
- eye tumors
- brain tumor
- Hydrocephalus (also called "water on the brain")
- Leukemia
- Diabetes (also called "sugar")
- cancer
- Sickle Cell Disease
- early closing of skull bones
- growing too fast or too slowly
- swelling of joints, pain in joints
- Herpes infection
- Albinism
- injury directly to eye or eye socket
- severe head injury that caused problems with the brain
- severe head injury that caused the child to pass out
- problem with the brain that gets worse over time
- Cerebral Palsy
- mental retardation
- any illness treated with steroid shots, pills or liquid
- inability to do things child was once able to do

7) Do you think your child's vision and eyes are developing normally?

Yes No

8) Has your child ever had a hearing loss or any family history of hearing loss?

Yes No

9) Has your child ever had an eye examination by an eye doctor?

Yes No