**Clinical Structured History taking Inventory for Children aged 4-8 years to explore Cerebral Visual Impairment**

**Child Name**: {childName}

**Date of Birth**: {dateOfBirth}

**How many weeks into your pregnancy were you when you gave birth?**{pregWeeks}

**Were there any problems at the time of birth? If so, please describe:**{birthProblems}

**Has your child had any conditions affecting the eyes or brain? If so, please describe:**{affectingConditions}

**Do you have any concerns about your child’s vision? If so, what are they?**{visionConcerns}