**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}

**Does your child…**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | **N/A** |
| {#likertTable} {question} | {never} | {rarely} | {sometimes} | {often} | {always} | {not\_applicable} {/likertTable} |
| {#likertTable} {question} | {never} | {rarely} | {sometimes} | {often} | {always} | {not\_applicable} {/likertTable} |
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