Hearing & vision screening

Clean English edition | Source-aligned form

Prepared from the supplied five-page bilingual screening form. English wording has been edited for clarity. Stable field IDs are added for app traceability; they are not part of the original form. All source questions and outcome fields are retained.

Instructions

This form is intended to screen children and adults for vision and hearing problems in special schools, villages or camps. Observe the child in a familiar environment and answer each question Yes or No. Consult other family members as well. If Yes responses to the vision screening questions are consistent and frequent, refer the child or person to an ophthalmologist or eye specialist. If Yes responses to the hearing screening questions are consistent and frequent, refer the child or person to an ENT specialist or audiologist for clinical hearing testing at the nearest centre.

Basic information

B01 Client's name: _____

B02 Age: _____

B03 Sex: _____

B04 Registration number: _____

B05 Date of screening: _____

B06 Place of screening: _____

How to complete the form

Mark one response, Yes or No, for each item. Blank responses remain unanswered; they must not be interpreted as No. The source does not specify a score or numerical referral threshold.

Vision: family history

Source page(s): 1

VF01	Does anyone in the family have severe vision loss or an eye disease? Examples: albinism, amblyopia, cataracts, glaucoma, strabismus or retinoblastoma.	Yes / No
VF02	Did the child's mother have a serious infection or disease during pregnancy? Examples: rubella, cytomegalovirus, toxoplasmosis, syphilis or herpes.	Yes / No
VF03	Did the child's mother use drugs or alcohol during pregnancy?	Yes / No
VF04	Has a vision problem been identified or suspected?	Yes / No
VF05	Do you have any concerns about your child's vision?	Yes / No

Vision: appearance of the eyes

Source page(s): 2

VE01	Crusting on the eyelashes.	Yes / No
VE02	Swollen or red eyelids.	Yes / No
VE03	Frequent styes.	Yes / No
VE04	Discharge in the eyes or along the eyelids.	Yes / No
VE05	Do you have any concerns about your child's vision?	Yes / No
VE06	Eyes that are usually red or watery.	Yes / No
VE07	Pupils of different sizes, or clouding of the pupils.	Yes / No
VE08	Drooping eyelids.	Yes / No
VE09	Eyes that do not appear straight (crossed eyes).	Yes / No

Vision: visual behaviours

Source page(s): 2-3

VB01	Complaints of aching or pain in the eyes.	Yes / No
VB02	Frequent or excessive headaches.	Yes / No
VB03	Dizziness or nausea after close visual work.	Yes / No
VB04	Squinting and constant blinking.	Yes / No
VB05	Frowning or facial distortion.	Yes / No
VB06	Constant rubbing of the eyes or attempts to brush away a shadow.	Yes / No
VB07	Tilting the head to see.	Yes / No
VB08	Closing or covering one eye when looking or reading.	Yes / No
VB09	Frequently asking someone to explain what is happening nearby.	Yes / No
VB10	Poor eye-hand coordination and unusual awkwardness during hand tasks, or balance problems when walking.	Yes / No
VB11	Bumping into objects or appearing clumsy when walking, particularly in a new environment.	Yes / No
VB12	Unusual sensitivity to bright light, glare or shiny objects.	Yes / No
VB13	Difficulty seeing at night or in the dark.	Yes / No
VB14	The child needs glasses to see objects.	Yes / No

Vision: screening outcome

Source page(s): 3

VO01	Vision problem suspected.	Yes / No
VO02	Referred to an ophthalmologist for clinical assessment.	Yes / No
VO03	Referred for a functional vision assessment.	Yes / No

Hearing: family history

Source page(s): 3

HF01	Does anyone in the family have severe hearing loss or an ear disease? Examples: tinnitus, otitis media, a perforated eardrum or Meniere's disease.	Yes / No

HF06 Please specify the family hearing loss or ear disease: _____

HF02	Did the child's mother have a serious infection or disease during pregnancy? Examples: rubella, cytomegalovirus, toxoplasmosis, syphilis or herpes.	Yes / No
HF03	Did the child's mother use drugs or alcohol during pregnancy?	Yes / No
HF04	Has a hearing problem been identified or suspected?	Yes / No
HF05	Do you have any concerns about your child's hearing?	Yes / No

Hearing: ear problems

Source page(s): 4

HE01	Complaints of earache.	Yes / No
HE02	Complaints of headaches.	Yes / No
HE03	Complaints of ringing sounds or sensations in the ears, or of hearing voices.	Yes / No
HE04	Recurring ear infections.	Yes / No
HE05	Frequent colds.	Yes / No
HE06	Any abnormality of the external ear or face.	Yes / No

Hearing: hearing behaviours

Source page(s): 4-5

HB01	Turning one ear towards or away from a sound source.	Yes / No
HB02	Turning up the volume of the radio, television or headset.	Yes / No
HB03	Sitting very close to the television or radio.	Yes / No
HB04	Appearing to ignore conversation or instructions.	Yes / No
HB05	Appearing engrossed in work and unaware of surrounding sounds.	Yes / No
HB06	Constant humming, possibly for stimulation.	Yes / No
HB07	Being startled by everyday sounds.	Yes / No
HB08	Relying excessively on gestures.	Yes / No
HB09	Poor spoken language.	Yes / No
HB10	Does the child complain that people speak either too loudly or too softly?	Yes / No
HB11	Unable to hear others from a distance or from behind.	Yes / No
HB12	Difficulty identifying familiar people by their voices.	Yes / No
HB13	Difficulty hearing speech with background noise.	Yes / No
HB14	Unable to hear when called from another nearby room at home or school.	Yes / No
HB15	Does the child need hearing aids to listen?	Yes / No
HB16	Does the child have problems with balance?	Yes / No

Hearing: screening outcome

Source page(s): 5

HO01	Hearing problem suspected.	Yes / No
HO02	Referred to an audiologist for audiometry.	Yes / No
HO03	Referred to an ENT specialist for clinical assessment.	Yes / No
HO04	Referred for a functional hearing assessment.	Yes / No

Opinion of the screener

N01 Referral comment:

_____

N02 Screener's observations (if any):

_____

N03 Screener's inference:

_____

N04 Place:

_____

N05 Signature:

_____

Use of separate forms

The vision and hearing forms may also be used separately to screen children with hearing impairment or visual impairment for vision or hearing problems.

Editorial and interpretation notes

The source introduction covers children and adults, but many questions specifically refer to a child and pregnancy. These are preserved; adult wording and applicability require clinical review before app release.

VF05 and VE05 repeat the question about concerns over the child's vision. Both are retained with separate IDs. Do not silently merge them.

The source labels eye appearance as B and visual behaviours as A. This edition uses clear section names without changing their order.

For crusting on eyelashes, the existing English and Hindi wording differ. The existing English meaning is retained; confirm the intended wording with the form owner. Discharge/watering and the hearing-voices item also require terminology review.

All screening outcomes are captured as separate Yes/No decisions. The vision outcome table has no explicit column labels in the source; Yes/No is inferred from its checkbox layout and the hearing outcome table.

Age units and permitted sex values are not defined by the source. The digital design proposes years for age, pending approval. No new diagnostic rule has been introduced.