# Screen-by-screen design specification

9:41 DEMO

## sense / screening

Proposed workflow addition

### Start screening

**Mode Vision + hearing / Vision only / Hearing only**

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.

Continue

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## sense / screening

Source page 1

### Basic information

**B01 Client's name**

**B02 Age (years, proposed)**

**B03 Sex**

**B04 Registration number**

**B05 Date of screening**

**B06 Place of screening**

Continue

All source fields shown. Long sections continue across views; the interactive mockup scrolls within each section.

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## sense / screening

Source page(s) 1 | View 1/2

### Vision: family history

**VF01 Does anyone in the family have severe vision loss or an eye disease? Examples: albinism, amblyopia, cataracts, glaucoma, strabismus or retinoblastoma.**

O Yes | O No

**VF02 Did the child's mother have a serious infection or disease during pregnancy? Examples: rubella, cytomegalovirus, toxoplasmosis, syphilis or herpes.**

O Yes | O No

**VF03 Did the child's mother use drugs or alcohol during pregnancy?**

O Yes | O No

Continue

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## sense / screening

Source page(s) 1 | View 2/2

### Vision: family history

**VF04 Has a vision problem been identified or suspected?**

O Yes | O No

**VF05 Do you have any concerns about your child's vision?**

O Yes | O No

Continue

All source fields shown. Long sections continue across views; the interactive mockup scrolls within each section.

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## sense / screening

Source page(s) 2 | View 1/3

### Vision: appearance of the eyes

**VE01 Crusting on the eyelashes.**

O Yes | O No

**VE02 Swollen or red eyelids.**

O Yes | O No

**VE03 Frequent styes.**

O Yes | O No

Continue

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## sense / screening

Source page(s) 2 | View 2/3

### Vision: appearance of the eyes

**VE04 Discharge in the eyes or along the eyelids.**

O Yes | O No

**VE05 Do you have any concerns about your child's vision?**

O Yes | O No

**VE06 Eyes that are usually red or watery.**

O Yes | O No

Continue

All source fields shown. Long sections continue across views; the interactive mockup scrolls within each section.

# Screen-by-screen design specification

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## sense / screening

Source page(s) 2 | View 3/3

### Vision: appearance of the eyes

**VE07 Pupils of different sizes, or clouding of the pupils.**

O Yes | O No

**VE08 Drooping eyelids.**

O Yes | O No

**VE09 Eyes that do not appear straight (crossed eyes).**

O Yes | O No

Continue

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## sense / screening

Source page(s) 2-3 | View 1/5

### Vision: visual behaviours

**VB01 Complaints of aching or pain in the eyes.**

O Yes | O No

**VB02 Frequent or excessive headaches.**

O Yes | O No

**VB03 Dizziness or nausea after close visual work.**

O Yes | O No

Continue

All source fields shown. Long sections continue across views; the interactive mockup scrolls within each section.

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## sense / screening

Source page(s) 2-3 | View 2/5

### Vision: visual behaviours

**VB04 Squinting and constant blinking.**

O Yes | O No

**VB05 Frowning or facial distortion.**

O Yes | O No

**VB06 Constant rubbing of the eyes or attempts to brush away a shadow.**

O Yes | O No

Continue

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## sense / screening

Source page(s) 2-3 | View 3/5

### Vision: visual behaviours

**VB07 Tilting the head to see.**

O Yes | O No

**VB08 Closing or covering one eye when looking or reading.**

O Yes | O No

**VB09 Frequently asking someone to explain what is happening nearby.**

O Yes | O No

Continue

All source fields shown. Long sections continue across views; the interactive mockup scrolls within each section.

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## sense / screening

Source page(s) 2-3 | View 4/5

### Vision: visual behaviours

**VB10 Poor eye-hand coordination and unusual awkwardness during hand tasks, or balance problems when walking.**

O Yes | O No

**VB11 Bumping into objects or appearing clumsy when walking, particularly in a new environment.**

O Yes | O No

**VB12 Unusual sensitivity to bright light, glare or shiny objects.**

O Yes | O No

Continue

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## sense / screening

Source page(s) 2-3 | View 5/5

### Vision: visual behaviours

**VB13 Difficulty seeing at night or in the dark.**

O Yes | O No

**VB14 The child needs glasses to see objects.**

O Yes | O No

Continue

All source fields shown. Long sections continue across views; the interactive mockup scrolls within each section.

# Screen-by-screen design specification

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## sense / screening

Source page(s) 3 | View 1/1

### Vision: screening outcome

**VO01 Vision problem suspected.**

O Yes | O No

**VO02 Referred to an ophthalmologist for clinical assessment.**

O Yes | O No

**VO03 Referred for a functional vision assessment.**

O Yes | O No

Continue

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## sense / screening

Source page(s) 3 | View 1/2

### Hearing: family history

**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.**

O Yes | O 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.**

O Yes | O No

**HF03 Did the child's mother use drugs or alcohol during pregnancy?**

O Yes | O No

Continue

All source fields shown. Long sections continue across views; the interactive mockup scrolls within each section.

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sense / screening

Source page(s) 3 | View 2/2

## Hearing: family history

**HF04 Has a hearing problem been identified or suspected?**

O Yes | O No

**HF05 Do you have any concerns about your child's hearing?**

O Yes | O No

Continue

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sense / screening

Source page(s) 4 | View 1/2

## Hearing: ear problems

**HE01 Complaints of earache.**

O Yes | O No

**HE02 Complaints of headaches.**

O Yes | O No

**HE03 Complaints of ringing sounds or sensations in the ears, or of hearing voices.**

O Yes | O No

Continue

All source fields shown. Long sections continue across views; the interactive mockup scrolls within each section.

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## sense / screening

Source page(s) 4 | View 2/2

### Hearing: ear problems

**HE04 Recurring ear infections.**

O Yes | O No

**HE05 Frequent colds.**

O Yes | O No

**HE06 Any abnormality of the external ear or face.**

O Yes | O No

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## sense / screening

Source page(s) 4-5 | View 1/6

### Hearing: hearing behaviours

**HB01 Turning one ear towards or away from a sound source.**

O Yes | O No

**HB02 Turning up the volume of the radio, television or headset.**

O Yes | O No

**HB03 Sitting very close to the television or radio.**

O Yes | O No

Continue

All source fields shown. Long sections continue across views; the interactive mockup scrolls within each section.

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## sense / screening

Source page(s) 4-5 | View 2/6

### Hearing: hearing behaviours

**HB04 Appearing to ignore conversation or instructions.**

O Yes | O No

**HB05 Appearing engrossed in work and unaware of surrounding sounds.**

O Yes | O No

**HB06 Constant humming, possibly for stimulation.**

O Yes | O No

Continue

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## sense / screening

Source page(s) 4-5 | View 3/6

### Hearing: hearing behaviours

**HB07 Being startled by everyday sounds.**

O Yes | O No

**HB08 Relying excessively on gestures.**

O Yes | O No

**HB09 Poor spoken language.**

O Yes | O No

Continue

All source fields shown. Long sections continue across views; the interactive mockup scrolls within each section.

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## sense / screening

Source page(s) 4-5 | View 4/6

### Hearing: hearing behaviours

**HB10 Does the child complain that people speak either too loudly or too softly?**

O Yes | O No

**HB11 Unable to hear others from a distance or from behind.**

O Yes | O No

**HB12 Difficulty identifying familiar people by their voices.**

O Yes | O No

Continue

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## sense / screening

Source page(s) 4-5 | View 5/6

### Hearing: hearing behaviours

**HB13 Difficulty hearing speech with background noise.**

O Yes | O No

**HB14 Unable to hear when called from another nearby room at home or school.**

O Yes | O No

**HB15 Does the child need hearing aids to listen?**

O Yes | O No

Continue

All source fields shown. Long sections continue across views; the interactive mockup scrolls within each section.

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## sense / screening

Source page(s) 4-5 | View 6/6

### Hearing: hearing behaviours

**HB16 Does the child have problems with balance?**

O Yes | O No

Continue

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## sense / screening

Source page(s) 5 | View 1/2

### Hearing: screening outcome

**HO01 Hearing problem suspected.**

O Yes | O No

**HO02 Referred to an audiologist for audiometry.**

O Yes | O No

**HO03 Referred to an ENT specialist for clinical assessment.**

O Yes | O No

Continue

All source fields shown. Long sections continue across views; the interactive mockup scrolls within each section.

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## sense / screening

Source page(s) 5 | View 2/2

### Hearing: screening outcome

**HO04 Referred for a functional hearing assessment.**

O Yes

O No

Continue

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## sense / screening

Source page 5

### Screener opinion

**N01 Referral comment**

**N02 Screener's observations (if any)**

**N03 Screener's inference**

**N04 Place**

**N05 Signature**

Continue

All source fields shown. Long sections continue across views; the interactive mockup scrolls within each section.

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sense / screening

Proposed workflow addition

## Review & complete

Review Client details, every selected answer, outcomes, hearing-history details and screener opinion.

Validation Unanswered is distinct from No. Required-field policy is proposed and requires approval.

Complete Screener-led outcomes. No score or automatic referral.

Continue

All source fields shown. Long sections continue across views; the interactive mockup scrolls within each section.