

# V-FAST

# Vision Evaluation Checklist

Case Number:

Patient Name:

D.O.B:

## Symptoms

From patient or their family:  
What do they report?

Reported a new problem with eyes/vision

Y / N

Is vision different between the 2 eyes?  
**Ask the person to cover each eye in turn.**

Y / N

Have visual symptoms lasted >1 hour?

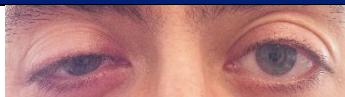
Y / N

Any dizziness or problems with balance?

Y / N

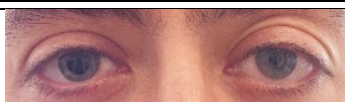
When did the most recent visual problems start?

## Observations



Are the lids different?

Y / N



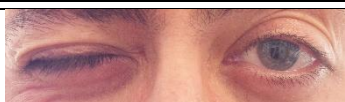
Are pupils different sizes? (anisocoria)

Y / N



Do they have a squint? (eye turn)

Y / N



Are they closing one eye to focus?

Y / N

Do they move their head position to try to see better?

Y / N

## Eye alignment



Does one eye turn in

Y / N



Does one eye turn out

Y / N



Does one eye turn up

Y / N



Does one eye turn down

Y / N

## Eye movements

**Using one finger ask the person to follow it into the 4 positions to extremes (below left), keeping their head still**

**Tips:**

- If you cannot move your hand/arm fully to one side, e.g. wall on that side, turn the person's head towards you to test
- If person is confused/cannot understand to follow your finger, move your head side to side to check how they follow your face



Do both eyes move smoothly upwards?

Y / N



Do both eyes move smoothly to the right?

Y / N



Do both eyes move smoothly to the left?

Y / N



Do both eyes move smoothly downwards?

Y / N

Do one or both eyes appear to wobble (nystagmus)?

Y / N

## Reading

Ask the person to read the following text

Can you read this sentence without any problems?

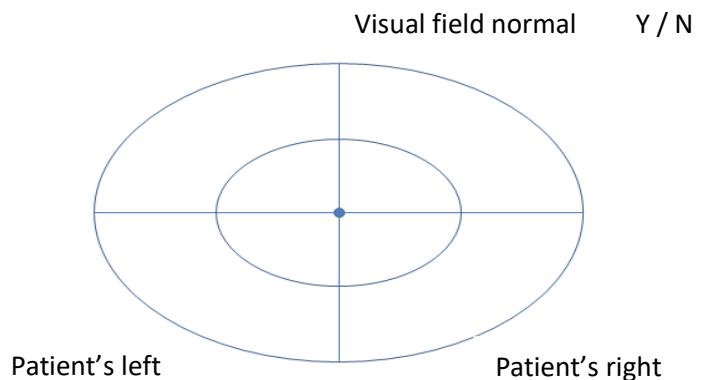
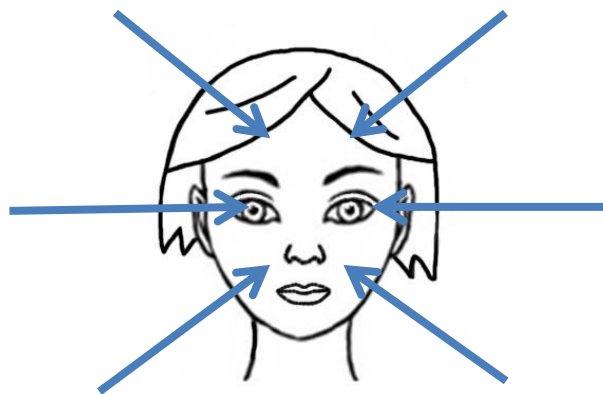
Y / N

## Visual fields

- 1) Holding both of your arms out to the side, asking the person to look at your nose, slowly bring one finger from in from the periphery for all 6 positions (below left) in a random order.
- 2) Holding both arms up (one to each side) briefly raise one or two fingers of one hand and ask how any are seen, repeat in the 4 quadrant positions (below right)
- 3) Ask if they can see all parts of your face or if part or one side appears more blurred than the rest
- 4) Draw findings on chart (below right), using hashed lines to indicate areas of visual field loss and ✓ to indicate areas where visual field appears normal

### Tips:

- If you cannot move your hand/arm fully to one side, e.g. wall on that side, turn the individuals head towards you to test

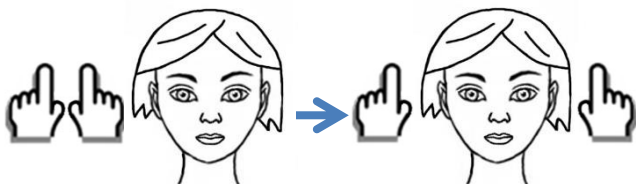


## Visual inattention/extinction

- 1) Asking the person to look at your nose, hold up two fingers (one from each hand) to the individual's right side and ask how many fingers they can see
- 2) Slowly move one finger across to the left side, keeping the other finger on the right side, asking again how many fingers they can see
- 3) Repeat to other side

### Tips:

- One finger may not be seen but individual may be aware it should be seen or alternately they are unaware and only see one
- Watch whether they ignore things to left or right side e.g. they miss that someone has approached them from one side



Example for testing left sided inattention/extinction

Are they ignoring or showing neglect or extinction to **left** side

Y / N

Are they ignoring or showing neglect or extinction to **right** side

Y / N

## Recording on PRF Form

### Recording on PRF Form:

If normal: record no abnormality evident on vision assessment

If **abnormal**: record the abnormality not the full assessment e.g. visual field reduced to right side, neglect to left side, right eye turns in, cannot see from left eye