Supplementary Online Content


eFigure. Percentage of reliable BEFIE tests in which monocular examination was feasible as a function of age.

eAppendix 1. Performance of the BEFIE test.

eAppendix 2. Subclassification of peripheral visual field defects.

This supplementary material has been provided by the authors to give readers additional information about their work.
eFigure. Percentage of reliable BEFIE tests in which monocular examination was feasible as a function of age.
eAppendix 1. Performance of the BEFIE test.

The arc is rotated by an examiner from behind around the head of the subject in such a way that the white ball moves from the periphery towards the center of the VF, were the fixation target is positioned at 35cm distance by an observer who is facing the child that sits in a (wheel)chair or on its parents lap. When fixation of the child is steadily captured, the ball is introduced into the VF and the observer reports the subject’s response (i.e. eye (and head or hand) movements or any verbal answer related to the peripheral stimulus). At the moment of response, the degrees of VF extension along the corresponding half-meridian is measured on the semicircular arc by the examiner. The peripheral stimulus is presented at random along one of the four quadrants and along the horizontal axis (half-meridian at 0, 45, 135, 180, 225, 315 degrees). Each half-meridian is tested three times, of which the mean is noted as the result of that meridian. Before the procedure starts, the examiner familiarizes the child with the stimulus. Subsequently, a binocular test is performed. If a child allows occlusion of an eye with an orthoptic patch, a monocular test is performed.
eAppendix 2. Subclassification of peripheral visual field defects.

Results of the BEFIE tests (bin- and/or monocular) were dichotomized as ‘normal’ or ‘abnormal’. A PVF was considered ‘normal’ when it extended $\geq 40$ degrees nasally and $\geq 70$ degrees temporally, corresponding to the maximum measurable VF with the Peritest method. The PVF of children under five years of age was considered ‘normal’ if the peripheral borders on the diagonal meridians exceeded the age-dependent pathological limits(Figure2). A PVF was considered ‘abnormal’ in all other situations, with a subclassification into (1) symmetric (concentric) PVF defects and (2) asymmetric or homonymous (hemianopic and quadrantanopic) PVF defects. ‘Symmetric’ and ‘asymmetric’ PVF defects were further classified in ‘severe concentric’ or ‘complete homonymous’ if the peripheral limits reached $< 20$ degrees nasally or $< 30$ degrees temporally. The other PVF defects were considered ‘incomplete homonymous’ or ‘moderate concentric’ or ‘mild concentric’(reaching $\geq 30$ degrees nasally and $\geq 60$ degrees temporally). Scotomas were not included in this classification since the test only examines the PVF.