Peekaboo Vision user manual

Instructions for Use

High contrast grating visual acuity application

App version 1.1.0

P001-FRM-051 • Revision 2.7 • English GB

Prepared 21 October 2026

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For qualified and trained health professionals in Great Britain.
Read the complete instructions before performing an assessment.

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Introduction and intended use

Peekaboo Vision - New is an iPad application for high-contrast grating visual-acuity assessment. The participant responds to a striped target by looking towards it or touching it, according to the selected task. The app changes target difficulty as responses are entered.

Intended use

Peekaboo Vision is intended for health professionals in Great Britain to assess high-contrast grating visual acuity in infants, young children and older patients with special needs who cannot perform traditional acuity tests.

Following the assessment protocol, the app provides an estimated visual-acuity value for professional interpretation to support screening and further investigation. It does not diagnose a disease or make an automated referral decision.

Users and clinical context

Use is supervised by a qualified and trained health professional with the competence to assess suitability, obtain reliable responses and interpret the result. Familiarise yourself with the app and complete practice assessments before independent clinical use.

Age labels describe the task formats. Select a format that matches the participant’s capabilities; age alone does not establish suitability. The nine-location format requires direct touching of the target.

How to use this manual

Read the safety and preparation sections before following the illustrated walkthrough. Screenshots demonstrate controls and workflow. Printed or displayed images in this manual are not test targets and must not be used to assess acuity.

The app version is shown under About Peekaboo Vision. Use the manual applicable to the installed release. This edition covers the planned V1.1.0 release.

Warnings

Professional assessment

• Use only within the intended purpose and with reliable participation. The app does not replace a full eye examination or specialist assessment.

• Interpret the score alongside other clinical findings and the quality of the participant’s responses. A result alone does not establish that the eyes are healthy.

• Do not assume that results are interchangeable with those obtained using another acuity test. No normal-range or referral threshold is supplied by this manual.

• Do not rely on an interrupted or incomplete assessment as a completed result. An intermediate or spoken score does not establish that the test has finished.

Stop when test conditions are unreliable

Stop if the participant is distressed or cannot engage reliably, the viewing distance cannot be maintained, input may have been accidental, or the app or display behaves unexpectedly. Investigate the cause and use another appropriate assessment method when needed.

Device and environment

• Use only the iPad and iPadOS combinations specified in the compatibility section. An app opening successfully is not evidence of compatibility.

• Use a clean, undamaged display in a controlled setting with minimal glare and distractions. Maintain the selected eye-to-screen distance throughout.

• Disconnect external power before testing and ensure sufficient battery charge. Follow the iPad manufacturer’s instructions and local electrical-safety and infection-control policies.

• Do not delay urgent patient assessment or escalation while waiting for technical support.

Device compatibility and host safety

Selected launch configurations

This draft is prepared for the following selected combinations only. Final release compatibility information must identify the accepted model variants and operating-system builds.

iPad	iPadOS
iPad 5th generation	15
iPad 6th generation	17 only
iPad A16	27

iPad Air, iPad mini, iPad Pro, iPad 8th generation and other unlisted combinations are outside this launch scope. IDCP supplies the app; the customer supplies the iPad.

Electrical safety and other equipment

Disconnect the iPad from its power supply before a patient assessment. Charge it beforehand. Do not rely on an automatic charging lockout as a substitute for this check.

Use the iPad in accordance with its manufacturer’s safety instructions and local healthcare policies, including precautions near other equipment. Obtain local advice if electromagnetic interference is suspected; no universal separation distance is specified here.

Cleaning and cross contamination

Follow Apple’s instructions for the particular iPad and the clinical setting’s infection-control policy. Clean between patient contacts and after contamination as required by local policy. Check that the method is compatible with the display and any fitted accessories.

Disconnect power before cleaning. Avoid moisture entering openings and do not spray cleaning liquid directly onto the iPad. Allow the screen to become clean and dry before testing. A tablet is not sterilised merely by wiping it.

Preparing the iPad and testing environment

Environment and screen stabilisation

Use a quiet indoor environment with minimal distractions. Avoid direct sunlight and minimise reflections from windows and lights. Position the display so that the participant can see the targets clearly.

The testing protocol uses a screen-on period of 15 minutes before assessment and a brightness setting of 75%. Use consistent display conditions throughout an assessment.

iPad settings

1. Ensure the battery has enough charge for the complete assessment and disconnect external power.

2. Open the iPad Settings and locate Display & Brightness and Auto-Lock. Labels and availability can differ by operating-system version or organisation policy. Prevent sleep from interrupting testing, where local policy permits. Restore the usual setting after use.

3. Reduce avoidable notifications and other interruptions using the device's available controls and local policy. Do not change managed settings without authorisation.

4. Check display brightness and any adaptive display features before testing. Do not assume that the app has disabled automatic brightness or colour adjustments.

5. Confirm that the app's selected brightness and actual display conditions remain stable. If the display dims or changes during testing, stop and investigate.

Display checks

Brightness percentages are not luminance measurements and do not establish equivalence between iPad models. Do not use a damaged display or one whose rendering is unexpected. Following display repair or a software update, check the current compatibility information before clinical use.

If a display check fails or you cannot establish the required test conditions, do not begin an assessment. Contact support for advice.

Data security installation and access

Patient information

The intended app workflow processes test responses and results temporarily on the iPad without entering patient identifiers or retaining patient results or response logs. Record the relevant result in the organisation's clinical record before leaving it. Do not rely on the app as a patient-record system.

Apple purchase and diagnostic services and IDCP's organisation-licensing and support records are separate from the patient assessment. Consult the Privacy Policy for those arrangements. Do not send identifiable patient information in a routine support email.

Installation and licence access

Install the authorised app through its approved Apple distribution route. Before scheduling clinical use, check the installed version, host compatibility and active access. Open Manage Access from Assessment or Useful links.

Individual access uses an Apple subscription. The selected UK plans are £6.99 monthly or £59.99 annually. Check the plan, billing period and price shown by Apple before confirming a purchase. Use the available restore and subscription-management controls when appropriate.

Organisation access uses a separate IDCP-issued signed licence for an agreed device count and expiry. Obtain the licence through the organisation administrator or IDCP and follow the import instructions in Manage Access. It is associated with the installation; do not assume it can be shared or moved to a replacement installation.

Offline use and expiry

Individual offline access lasts only until the last verified paid-through expiry. An expected renewal does not extend that date until verified. Organisation access lasts until its signed expiry and requires a renewed licence to extend it. Check access before beginning an assessment; do not change the device clock to extend access.

If access is unavailable, reconnect where appropriate, check Manage Access or contact support. If access changes disrupt an assessment, treat it as incomplete and use another appropriate method.

Subscription handling

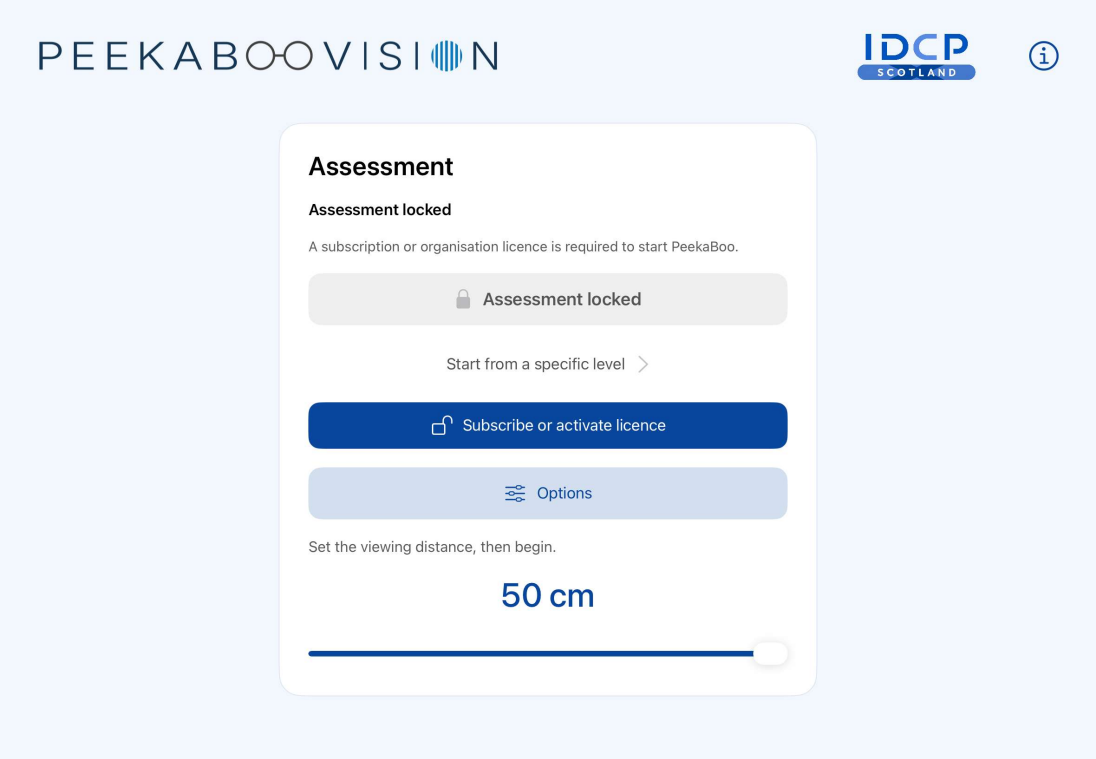


Figure 1. Assessment locked screen with Subscribe or activate licence.

1. When Assessment locked is shown, select Subscribe or activate licence. Assessment and specific starting levels remain unavailable until access is active.

2. For individual access, review the available monthly or annual plan, price and billing period, then follow Apple's purchase and confirmation prompts. A network connection is needed to complete or verify a purchase.

3. For organisation access, use the licence issued by IDCP through your administrator. Follow the licence activation or import instructions rather than purchasing individual access solely to bypass an organisation-licence problem.

4. Return to Assessment and check that access is active before beginning a patient assessment. If it remains locked after activation or restore, follow the guidance on the next page.

The selected individual plans are £6.99 per month and £59.99 per year. Confirm the offer shown by Apple before authorising payment. Apple subscriptions and IDCP organisation licences are separate access routes.

Managing subscriptions and organisation licences

Restore individual access

If you have already purchased a subscription and access is missing, check that the iPad uses the Apple Account used for the purchase. Connect to the internet and use the restore-purchases control in the access screen. Check the resulting status before starting a test. If access is still missing, contact support with the app version and a description of the problem; do not email Apple Account passwords or full payment details.

Renewal cancellation and billing

Apple subscriptions renew automatically unless cancelled through Apple. To review or cancel on an iPad, open Settings, select your Apple Account name, then Subscriptions and the Peekaboo Vision subscription. Follow Apple's displayed options and check the expiry or renewal date. Deleting the app does not cancel the Apple subscription.

After cancellation, check the remaining paid-through access shown by Apple and the app. Offline access cannot extend beyond the last verified entitlement expiry. If a renewal or plan change is not reflected, reconnect and check access before clinical use. Do not assume an expected charge has renewed access.

For purchases billed by Apple, refund requests can be submitted through reportaproblem.apple.com, subject to Apple's process and applicable rights. IDCP cannot promise that Apple will grant a refund. For a licence purchased directly from IDCP, contact IDCP about the agreed organisation terms.

Organisation licences

Use the signed licence supplied for this installation and the agreed company device allocation. Ask the organisation administrator or IDCP for activation assistance, expiry or renewal information. Do not assume that reinstalling the app, replacing an iPad or copying a licence transfers the entitlement. Obtain support before deleting or replacing an organisation installation.

Before a patient assessment

Resolve locked or expired access in advance. If access changes interrupt a test or prevent result review, treat it as incomplete. Urgent clinical care should follow an appropriate alternative assessment route rather than wait for billing or licence support.

Launching the app

1. Tap the Peekaboo Vision icon on the iPad. Follow any start-up information presented before the Assessment screen.

2. Read the intended use and important information. Open the information page to check the app version, build and manufacturer.

3. Make sure that the installed version matches the instructions and that the correct configuration and access are available before testing.

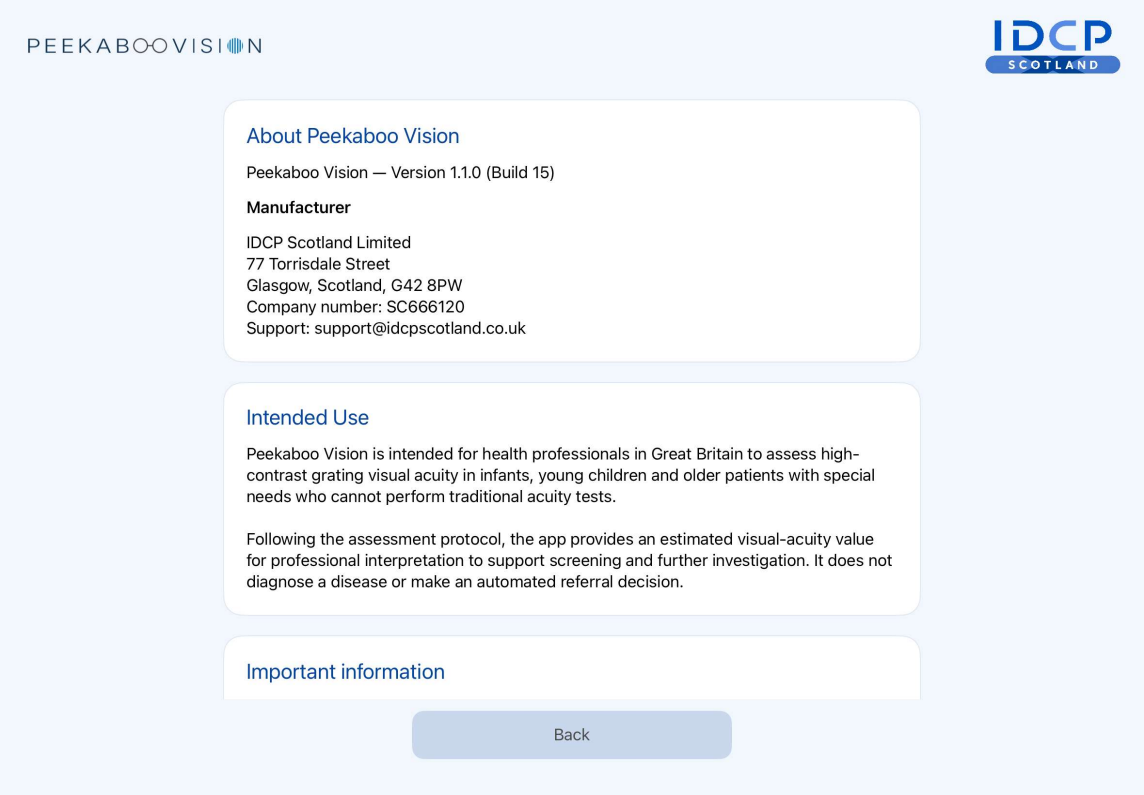


Figure 2. Current About screen showing V1.1.0 Build 15, IDCP manufacturer details and intended use.

The information page scrolls. Read the important information below the intended use; further links are available lower down the page. Use Back to return to the previous screen.

Main menu and viewing distance



Figure 3. Updated Assessment screen in the locked state, with viewing distance and licence activation.

Distance

The selected value is the intended distance from the participant's eye to the screen. The retained range is 25–50 cm. Set the value with the slider and check the displayed units. The app does not physically measure or maintain the participant's position.

Start assessment

Once access is active, Start assessment begins at the default level for the selected task. Start from a specific level opens the separate level-selection screen. Options opens the task and display settings. In the locked state, select Subscribe or activate licence to open access controls; the assessment controls remain disabled.

Confirm that access is active and all preparation checks are complete. Maintain the actual distance throughout the test; changing the slider does not correct movement by the participant.

Starting from a specific level



Figure 4. Specific starting-level choices for the selected viewing distance.

1. Set and check the eye-to-screen distance on Assessment first.

2. Select Start from a specific level. Check the viewing distance shown on that page.

3. Choose an appropriate available starting level using professional judgement, or return to Assessment to use the default start.

4. Keep the actual viewing distance unchanged as testing begins.

The available levels depend on viewing distance. Do not move the participant or change the distance merely to obtain a preferred value. Confirm the score scale before interpreting the numeric levels.

The retained protocol starts at 1.3 logMAR for the two-location format and 1.0 logMAR for the four- and nine-location formats when the default start is used.

Information and opening the manual

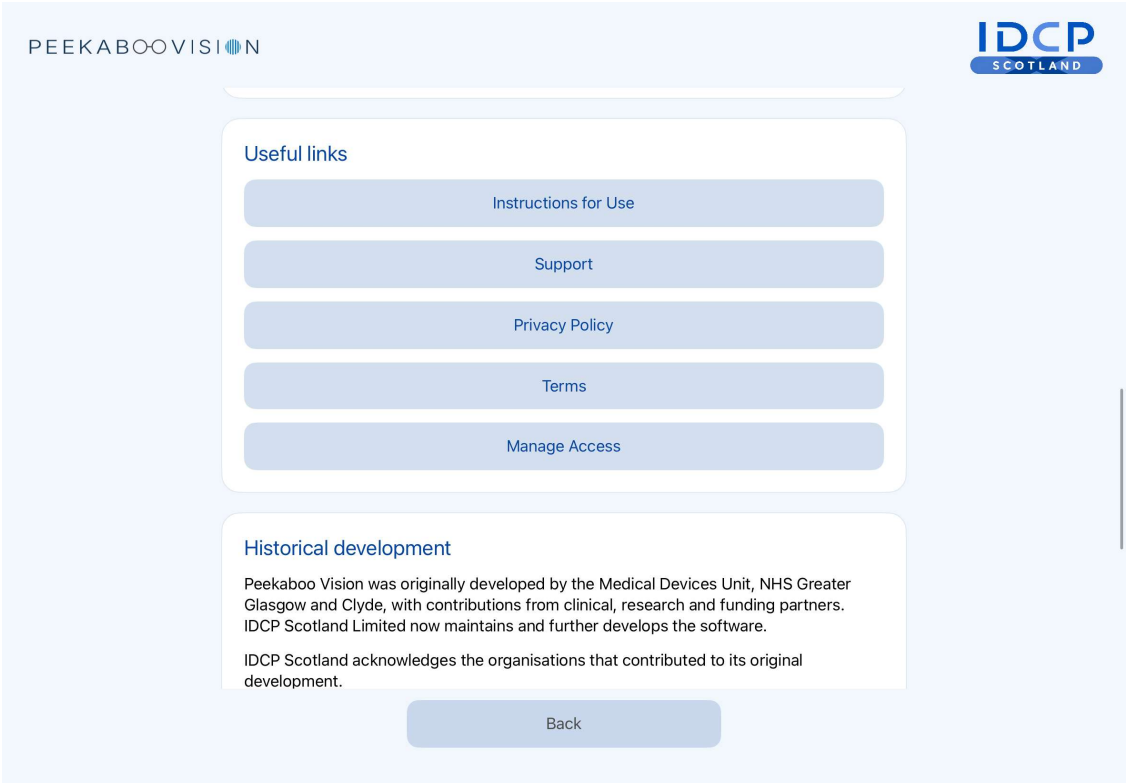


Figure 5. Useful links on the current information page, including Instructions for Use.

Instructions for Use

Open the information page, scroll to Useful links and select Instructions for Use. This opens the manual included in the installed app. The manual is intended to remain available offline and without active paid access. Use the viewer's close or back control to return.

Read the manual before starting an assessment. If the applicable instructions cannot be opened, obtain the correct copy before testing.

Other links

Support, Privacy Policy and Terms provide further information;
www.idcpscotland.co.uk/peekaboo/privcacy-policy

www.idcpscotland.co.uk/peekaboo/Terms-and-conditions

The companion manual destination is

www.idcpscotland.co.uk/peekaboo/instructions

Request an accessible or printed copy from support@idcpscotland.co.uk, quoting the app version and manual revision. The app-bundled copy is the intended offline route.

Options screen

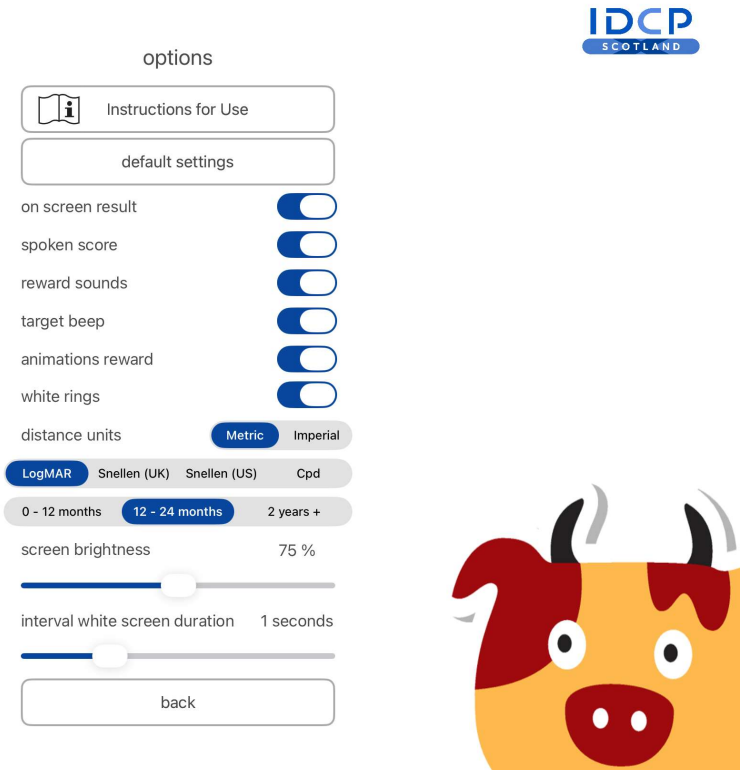


Figure 6. Current Options screen, including task format, feedback, brightness and interval controls.

Instructions for Use and default settings

Instructions for Use opens the user instructions. Default settings returns the configurable options to their standard values. Check every relevant option after resetting and before testing; do not assume that a previous session's settings are appropriate for the next participant.

Switches and navigation

A blue switch with its control to the right indicates on; a pale switch to the left indicates off. The selected segment for distance units, acuity notation and task format is highlighted blue. Select settings before the assessment. Back returns to the previous screen.

The following pages explain the result, sound, reward and white-ring options, followed by units, age format, brightness and the interval white screen.

Results sound and reward options

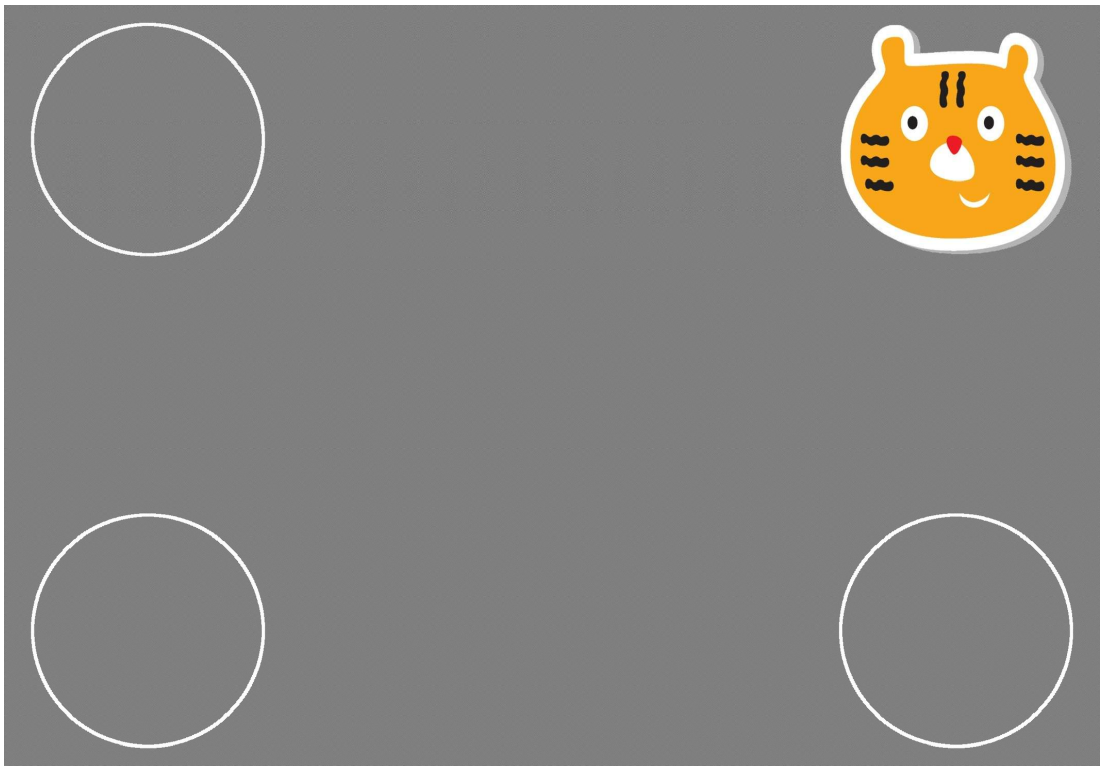


Figure 7. Current four-location reward animation following a response. This is not a completed-result screen.

On screen result and spoken score

On screen result displays level information during the sequence. Spoken score provides an audible description of progress so that the operator can monitor the participant without repeatedly turning the screen. Check that the selected feedback is audible or visible before testing.

Intermediate displays and spoken levels are progress information. Do not record them as a completed assessment unless the staircase has finished and the completed result has been identified.

Reward sounds animation and target beep

Reward sounds and animation can help maintain engagement. The target beep marks the presentation of a new target and can help the operator distinguish a response to it from movement associated with the previous reward. Neither a reward nor a beep substitutes for observing a reliable response.

White rings and the grating target

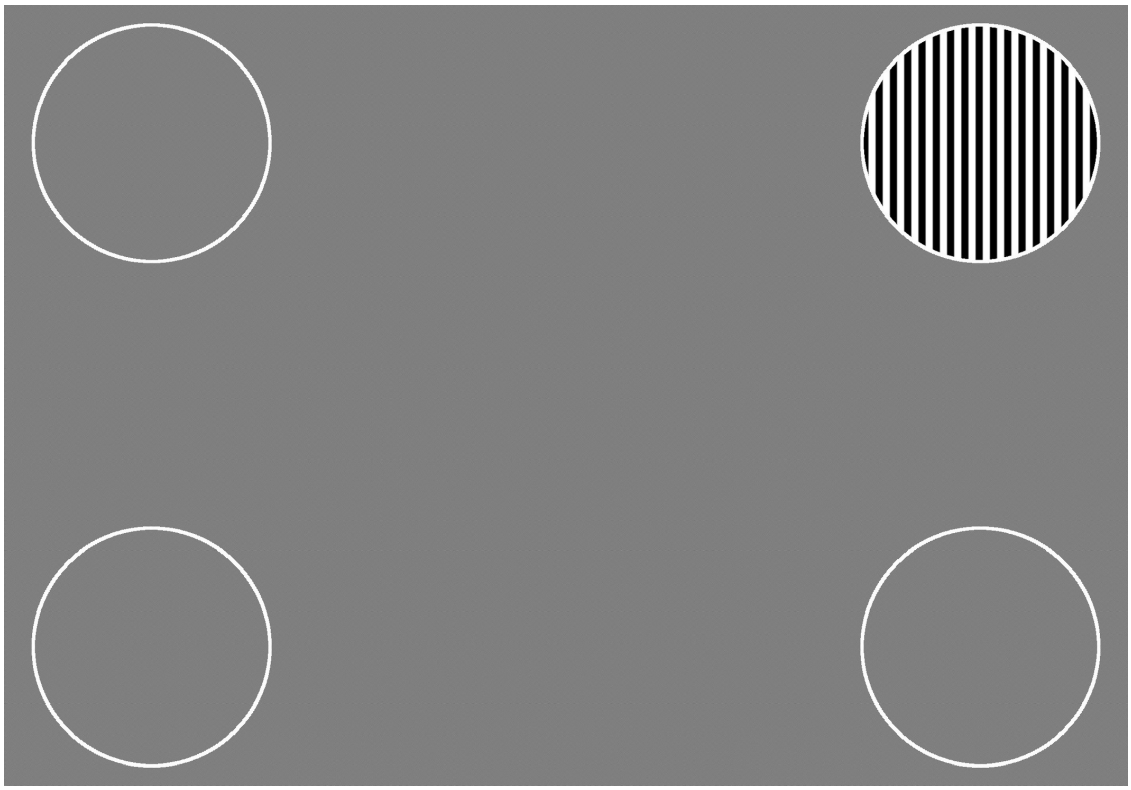


Figure 8. Current four-location stimulus with white rings and the striped target at the upper right.

White rings

White rings outline the possible target locations. The legacy design uses them to reduce location clues arising from the edge of fine gratings. The setting can affect task difficulty, particularly for the finest gratings; use the selected protocol consistently.

Entering a response

In the two- and four-location formats, the professional may enter the observed direction of preferential looking by tapping the corresponding side or quadrant. A participant with suitable coordination may respond directly. The nine-location format requires direct selection of the target itself.

The target position changes between presentations. Do not use the position shown in an illustration as a rule for responding. These reduced-size manual figures do not reproduce clinical stimulus geometry or display conditions.

Distance units task format and display options

Distance units

Metric displays viewing distance in centimetres; Imperial displays it in inches. Recheck the value after changing units. This choice concerns viewing distance, not the clinical interpretation of the acuity scale.

Age selection

The Options labels 0–12 months, 12–24 months and 2 years + select two-, four- and nine-location task formats respectively. Choose by the participant's ability to understand and respond. The labels do not require a capable older participant to use a particular format.

Acuity notation

The selector offers LogMAR, Snellen (UK), Snellen (US) and Cpd. LogMAR expresses the logarithm of the minimum angle of resolution; Cpd expresses cycles per degree. The Snellen choices use UK or US distance notation. Select the intended notation before testing and record it with the result. Lower logMAR or higher cycles-per-degree values describe finer grating levels. These are representations of the grating-acuity result, not proof of equivalence with a different acuity test. The illustrated Options screen has LogMAR selected.

Screen brightness

The retained protocol uses 75% brightness, as shown in Figure 6. Check the screen-on preparation and display conditions described earlier. Do not substitute historical luminance values from a different iPad model or assume automatic adjustments have been disabled.

Interval white screen duration

The retained control allows an interval white screen of 0–3 seconds between presentations. It can discourage repeated random tapping. If the participant taps during the interval, the selected waiting period is counted again from the last tap.

Select an appropriate value before testing and explain the task. Repeated tapping, rather than reliably finding the target, is a reason to reassess engagement. Changing the interval does not make unreliable responses suitable for interpretation.

Before leaving Options

Confirm the task, distance units, brightness, sound and reward choices. Return to Assessment, recheck the viewing distance and access status, and demonstrate an easily visible target if needed.

Task description and staircasing

Maintain the test distance

Monitor the participant's actual eye-to-screen distance during every format. Use a suitable physical distance check; the slider is a setting, not a distance sensor. When the participant holds the iPad, watch for movement towards the screen.

Staircasing

The retained protocol begins at the default level or the selected starting level. Correct responses lead to finer gratings in the initial larger steps. After an incorrect response, an easier level is attempted in smaller 0.1 logMAR steps. The retained endpoint requires at least two correct responses out of three at the final level.

Allow the sequence to complete. An early exit does not satisfy the endpoint, even if a last-correct level is displayed. The diagram summarises the legacy protocol; the live test sequence determines the completed result.

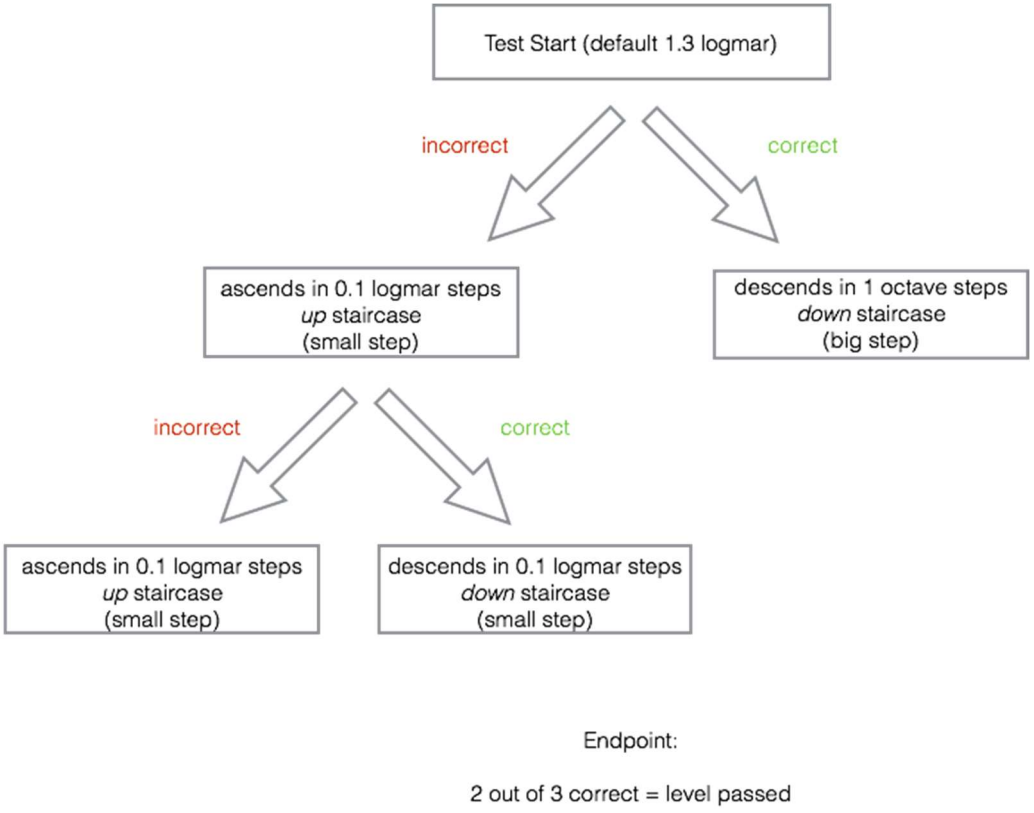


Figure 9. Original protocol diagram showing the two-location default start. Other formats use the starting levels described on page 12.

Two location task

Options label 0 to 12 months

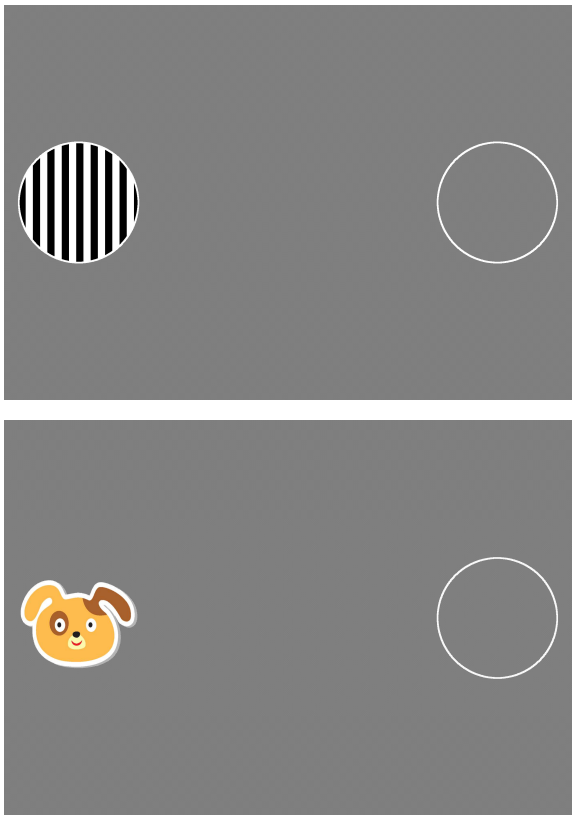


Figure 10. Supplied two-location target in the upper panel and reward following a response in the lower panel.

The grating appears at one of two possible locations. Select this format when two alternatives are appropriate to the participant's ability.

Preferential looking with professional input

Observe the participant's eye movements over the top of the tablet while the screen faces the participant. Tap the side judged to have been looked at. The response area is larger than the circular target, allowing the operator to enter the perceived side without turning the screen to inspect the target.

Remain attentive to meaningful refixation and reliable engagement. Do not allow knowledge of target position to substitute for the participant's response. Use the target beep and spoken score if helpful, while maintaining distance.

Direct touch

Where coordination and confidence permit, encourage the participant to find and touch the target. Supervise and maintain distance. If responses are unreliable, stop and consider another suitable approach.

Four location task

Options label 12 to 24 months

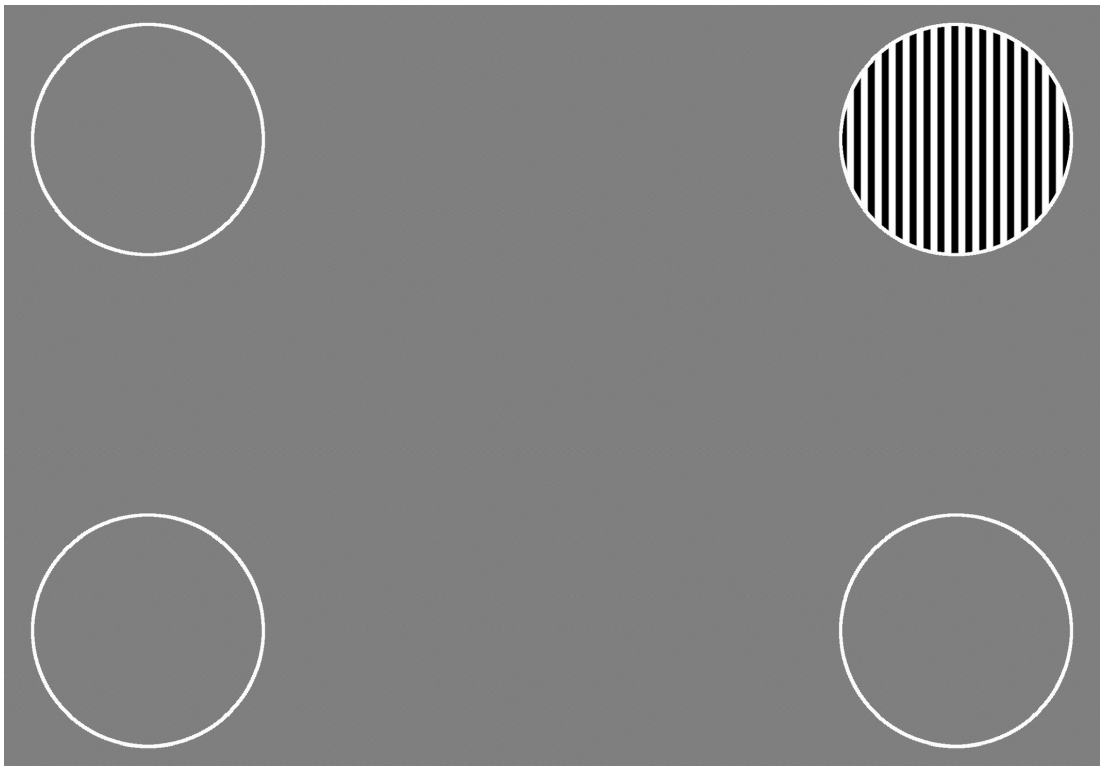


Figure 11. Current four-location task with target positions distributed across the screen.

The grating appears at one of four positions. As in the two-location format, the response may be entered from observed preferential looking or by direct touch when the participant can respond reliably.

1. Observe the direction of looking or instruct the participant to find the target.

2. Tap the corresponding quarter of the screen when entering the observed response. The professional does not need to tap the circular target precisely in this format.

3. Continue to monitor eye-to-screen distance, engagement and accidental touches. Allow the staircase to finish before recording a completed result.

Figure 7 shows a reward following a response in this format. The reward is feedback, not evidence that the assessment has completed. If four alternatives are unsuitable, consider the two-location task or a different assessment method.

Nine location task

Options label 2 years and older

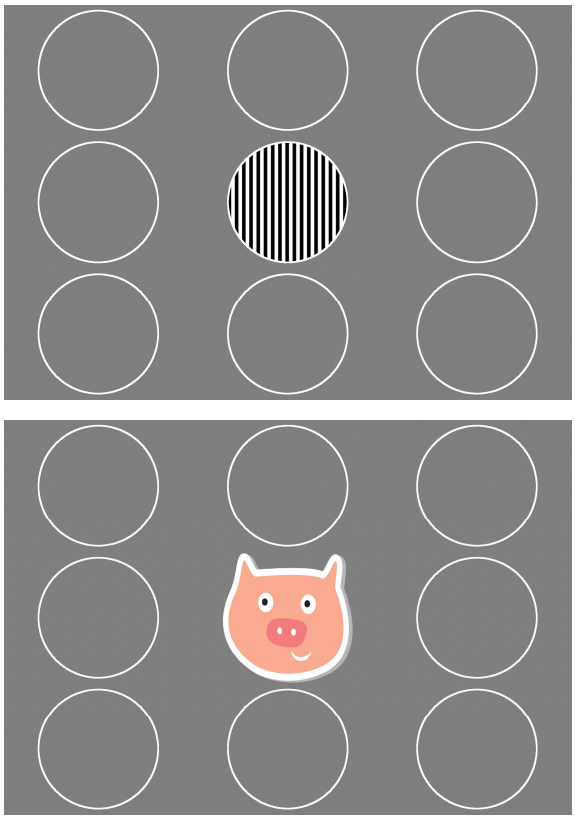


Figure 12. Supplied nine-location target in the upper panel and reward following a response in the lower panel.

This format presents nine possible target positions. Use it only when the participant can confidently identify and directly touch the target with sufficient coordination.

This is not a preferential-looking format. The participant must touch the target itself; tapping a general side or quadrant does not substitute for locating it.

1. Explain and demonstrate how to find and press the target.

2. Keep the iPad at the selected distance, whether held by the operator or participant.

3. Watch for random tapping, movement towards the screen or loss of engagement. Stop if the response cannot be relied upon.

If coordination or understanding is uncertain, consider the two- or four-location format or another assessment method. Do not select nine locations solely because the participant is older than two years.

Task instructions and patient preparation

Explain the activity

Use simple instructions appropriate to the participant. The original protocol uses “Can you see the hiding face?” For direct-touch testing, add “Press the face”. Demonstrate an easily visible target and its reward before relying on responses.

Encourage participation without indicating the correct location. A participant who cannot understand or engage reliably may need a different format or assessment method.

Binocular and monocular testing

The legacy protocol recommends starting with both eyes open to familiarise the participant with the task. For monocular assessment, use an appropriate occlusion method and local clinical practice. Check that the participant is not peeking around or through the occlusion.

Record which eye was assessed and whether the test was binocular or monocular. Do not combine these results without retaining their context.

Observing preferential looking

In the two- and four-location formats, observe meaningful changes of fixation and enter the perceived response. The legacy two-location protocol describes changing screen orientation where horizontal eye movements are difficult to interpret, such as with horizontal strabismus or nystagmus. Use an orientation only when the target layout and response mapping are clear and appropriate to the participant.

During every assessment

• Maintain the selected distance and stable display conditions.

• Prevent unintended contact while holding or positioning the iPad.

• Watch for fatigue, distress or random responses; stop rather than continue an unreliable sequence.

• Distinguish feedback during testing from the completed result.

Early termination

Stopping before the staircase finishes

The retained exit gesture is to press both opposite sides of the screen simultaneously for about three seconds. Read the prompt before confirming that you want to leave the assessment. Do not continue a sequence that is unreliable merely to obtain a number.

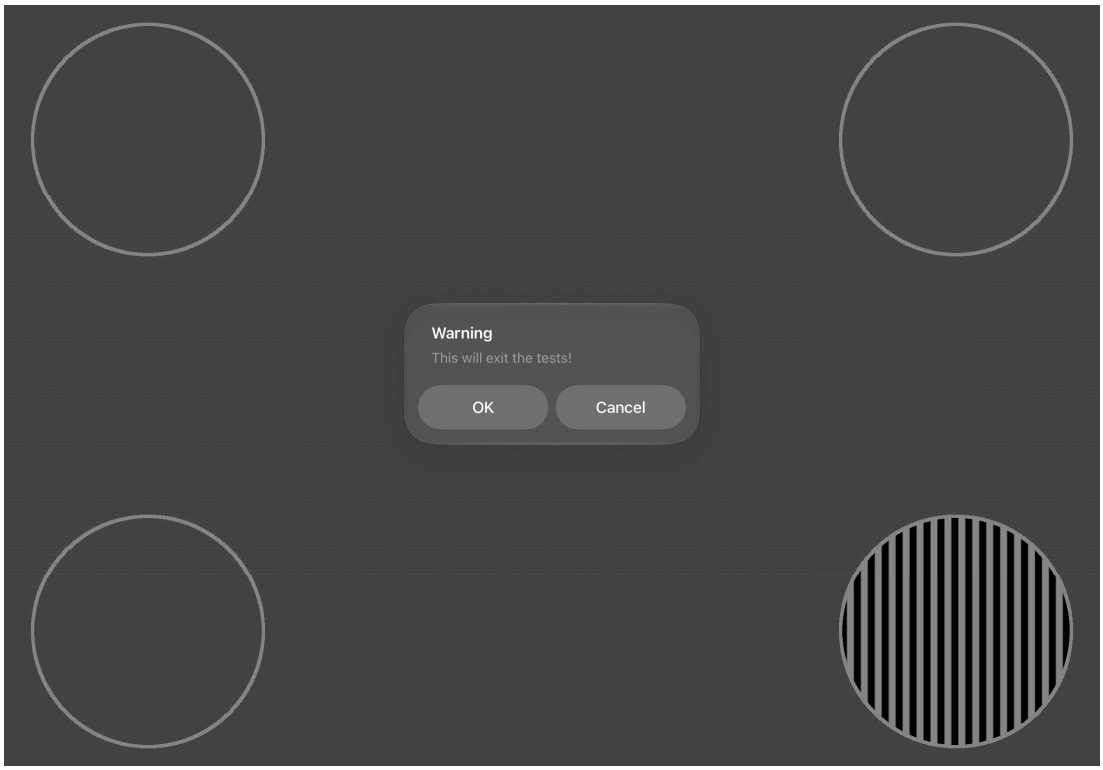


Figure 13. Supplied exit warning with OK and Cancel controls.

The warning reads “This will exit the tests!” Select OK to confirm exit or Cancel to dismiss the warning. Continue only if the assessment remains reliable.

The legacy exit path can show the last correct level. This is an incomplete assessment and is not equivalent to a completed staircase. Record the reason for stopping and do not treat that level as a completed acuity result.

Reading the result screen

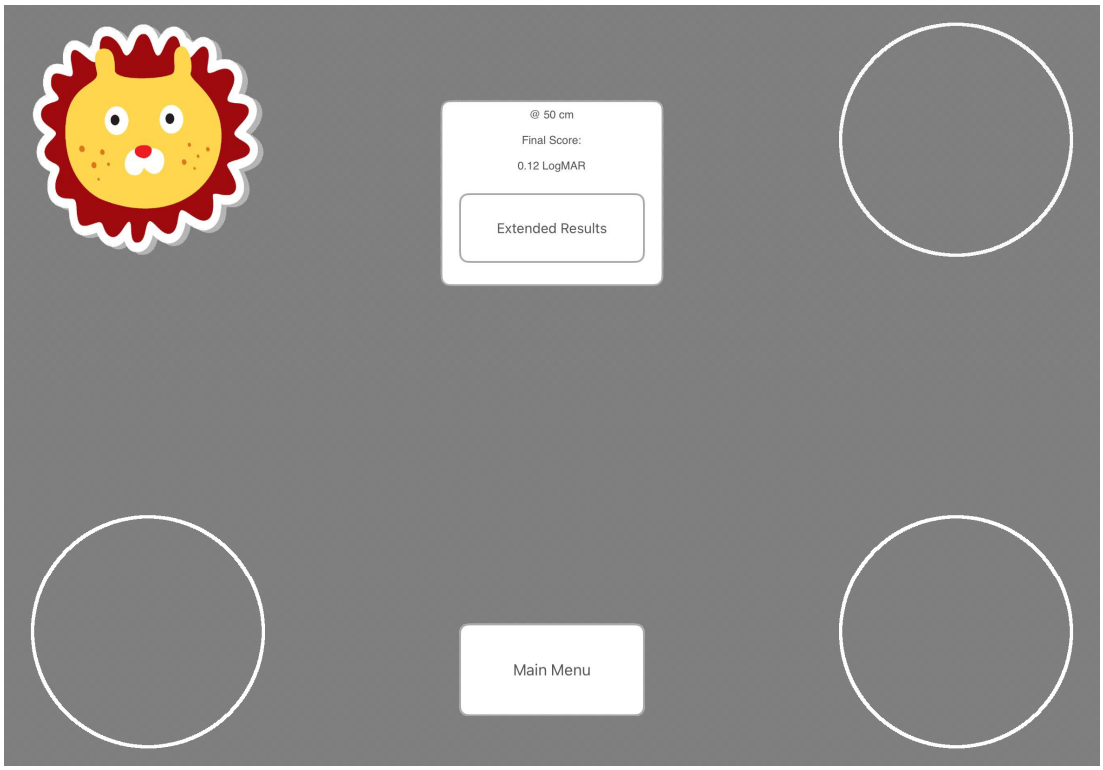


Figure 14. Supplied Final Score screen showing 0.12 LogMAR at 50 cm, Extended Results and Main Menu.

After allowing the staircase to finish, read the Final Score and the displayed distance. In this example the screen shows 0.12 LogMAR at 50 cm. This is an illustration of the interface, not a normal-range value, referral threshold or example of validated performance.

Select Extended Results to view the reported settings and endpoint information. Before selecting Main Menu, record the result and relevant conditions in the clinical record. Do not rely on a patient history being retained in the app.

A screen labelled Final Score must not override the circumstances of the test. If you exited early or participation was unreliable, record the assessment as incomplete or unreliable even if a numeric score is displayed.

Extended results and clinical interpretation

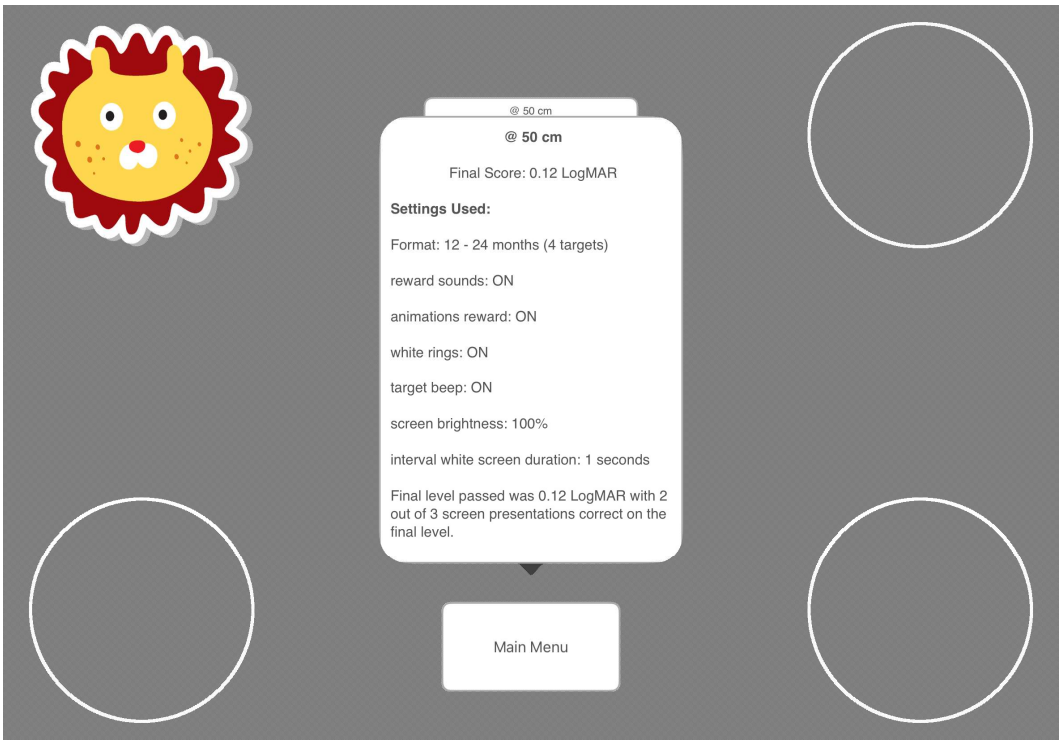


Figure 15. Supplied Extended Results example. It reports 100% brightness; the manual's preparation setting remains 75%.

Extended Results shows the reported score and distance, task format, reward and ring settings, target beep, brightness, interval duration and endpoint statement. Compare these with the conditions actually used before interpreting or recording a result.

The example reports a final level of 0.12 LogMAR with two out of three presentations correct. Check that the assessment completed and participation was reliable before using the result. The 100% brightness recorded in this capture differs from the selected 75% preparation protocol; it is not an instruction to change brightness.

Identify the displayed value, notation and completed status before recording it. Interpret the result with the viewing distance, task format, eye tested, engagement and other clinical findings. Results obtained using different test types or conditions must not be assumed interchangeable.

The app provides information to support screening and further investigation. It does not establish a diagnosis or issue an automatic referral decision. Use professional judgement and the applicable clinical pathway. A reassuring score does not rule out eye disease.

Record the result in the clinical record before leaving the screen; do not rely on a stored patient history in the app.

Common pitfalls incident reporting and support

Common pitfalls

Problem	Action
Accidental tap or uncertain response	Stop if reliability is affected. Repeat only when the participant and test conditions are suitable.
Distance changes or glare appears	Correct the setup. Do not interpret a sequence performed at an uncertain distance as reliable.
Alert sleep dimming or low battery	Stop and resolve the interruption. Charge outside the assessment and recheck display settings.
No sound	Check the app options and iPad volume before relying on audio cues. Do not mistake silence for a result.
Unexpected or implausible value	Check completion, scale, distance, task and engagement. Use another method where needed.
App fault or access unavailable	Do not depend on the affected test. Check Manage Access where relevant and contact support.

Incident reporting

Report suspected device-related incidents, incorrect results, software faults and complaints to support@idcpscotland.co.uk. Follow the organisation’s local incident-reporting procedure as well. For urgent clinical concerns, use the normal patient-safety and clinical escalation route.

Provide the app version/build, iPad model, iPadOS version, what happened and whether the assessment was completed or interrupted. Do not include identifiable patient information in routine email or screenshots. IDCP can advise on a suitable route if further information is needed.

Technical support

Email support@idcpscotland.co.uk or visit www.idcpscotland.co.uk/peekaboo/support/. Support is not an emergency clinical service. For organisation licences, include the organisation name and a description of the access problem; do not send licence secrets unnecessarily.

Manufacturer historical development and references

Manufacturer

IDCP Scotland Limited
77 Torrisdale Street
Glasgow, Scotland, G42 8PW
Company number SC666120
support@idcpscotland.co.uk

Historical development

Peekaboo Vision was originally developed by the Medical Devices Unit, NHS Greater Glasgow and Clyde, with contributions from clinical, research and funding partners, including the Glasgow Centre for Ophthalmic Research. IDCP Scotland Limited now maintains and further develops the software.

Historical acknowledgements include Scottish Health Innovations Ltd, the Queen Elizabeth Diamond Jubilee Trust, Peek Vision, Iain Livingstone, Gurveen Panesar, Laura Butler and Fiona's Eye Fund. These acknowledgements do not identify the current manufacturer or imply approval of this release by those contributors.

Selected background references

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These references describe background development and research; they do not establish performance of every current iPad or replace the instructions for the selected release.

Apple host-device cleaning guidance: support.apple.com/en-gb/103258. Follow the instructions for the actual iPad and local infection-control policy.

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