

Risk Indicators For Hearing Loss Checklist

(To be used with Developmental Scales form when performing KBH screens for birth through three years of age.)

Child's Name: _____ Birthdate: _____

What was your child's birth weight? _____ Was child premature? _____ By how many weeks? _____

Was the child's hearing screened as a newborn? Yes _____ No _____ Unknown _____

Results of the testing/screening: _____

Has your child's hearing been tested or screened since birth? Yes _____ No _____ Unknown _____

Results of the testing/screening: _____

Directions: Mark an X in the appropriate column. If an indicator exists but had been referred in a previous screening, note to whom the child was referred and note the follow-up recommendations.

(N = indicator for infants birth through 28 days old who *did not* have newborn hearing screening; for children older than 28 days, answer all questions.)

YES NO

____ ____ 1. Do you have a concern about your child's hearing, speech, language or other development delay?
List concerns: _____

____ ____ 2. N As a newborn, did your child have an illness/condition requiring 48 hours or more in the NICU?
Explain: _____

____ ____ 3. N Was child exposed to any of the following during the mother's pregnancy? Check (✓) all that apply:
toxoplasmosis syphilis rubella cytomegalovirus herpes unknown

____ ____ 4. N Does child have any abnormal features of the outer ear, ear canal, mouth, nose, neck or head?
Explain: _____

____ ____ 5. N Have any of your child's relatives had a permanent hearing loss before the age of 5?
Explain: _____

____ ____ 6. N Was your child diagnosed at birth as having a syndrome or condition known to include a sensorineural or
conductive hearing loss or eustachian tube dysfunction?
Explain: _____

____ ____ 7. Has your child been diagnosed as having any syndromes associated with progressive hearing loss such as
Down, Usher, Waardenburg; a neurodegenerative disorder such as Hunter syndrome; or sensory motor
neuropathies such as Friedreich's ataxia or Charcot-Maire-Tooth Syndrome?
Explain: _____

____ ____ 8. Has your child had bacterial meningitis (or other post-natal infections) associated with hearing loss?
If yes, at what age? _____ Hearing testing since then? _____

____ ____ 9. Has child ever had any head trauma? Explain: _____

____ ____ 10. As a newborn, did your child need an exchange transfusion because of hyperbilirubinemia, or have the need
for mechanical ventilation, or conditions requiring ECMO?
Explain: _____

____ ____ 11. Has your child had otitis media with effusion that lasts for more than 3 months? Yes _____ No _____

If yes, were tubes placed? Yes _____ No _____ If yes, when? _____ Are they in place now? Yes _____ No _____

Note: The presence of any risk indicator denotes need for screening every six months up to three years of age, or as otherwise indicated by an audiologist.

Pass = All "NO" responses. Refer = One or more "YES" response(s). Check (✓) One: Pass Refer

If other, explain: _____

Screener: _____ Date: _____

**PLEASE NOTE PROVIDERS ARE REQUIRED TO INTERPRET
AND INITIATE CARE WHEN INDICATED.**

Developmental Scales

(To be used with Risk Indicators for Hearing Loss Checklist when performing screens ages birth through three years of age.)

Name: _____ **Date of Birth:** _____

Child's Chronological Age _____ Premature _____ months Adjusted age _____

Does Your Child: (Please check questions in the appropriate age category – use adjusted age)

Birth to 4 months		Yes	No			Yes	No
Startle or cry to loud noises?				Respond to a familiar voice?			
Awaken to loud sounds?				Stop crying when talked to?			
Stop moving when a new sound is made?							

4 to 8 months		Yes	No			Yes	No
Stir or awaken when sleeping quietly and someone talks or makes a loud noise?				Cry when exposed to a sudden or loud sound?			
Try to turn head toward an interesting sound or when name is called?				Make several different babbling sounds?			
Listen to a soft musical toy, bell, or rattle?							

8 to 12 months		Yes	No			Yes	No
Respond in some way to the direction "no"?				Stir or awaken when sleeping quietly and someone talks or makes a loud sound?			
React to name when called?				Try to imitate you if you make familiar sounds?			
Turn head toward the side where a sound is coming from?				Use variety of different consonants and vowels when babbling (cononical babbling*)?			

12 to 18 months		Yes	No			Yes	No
Say "mama" or "dada" and imitate many words you say?				Turn head to look in the direction where the sound came from when an interesting sound is presented?			
Respond to requests such as "come here" and "do you want more?"				Wake up when there is a loud sound?			

18 to 24 months		Yes	No			Yes	No
Try to sing?				Speak at least 20 words?			
Point to several different body parts?				Request by name items such as milk or cookies?			
Respond to simple commands such as "put the ball in the box"?							

2 to 5 years		Yes	No			Yes	No
Point to a picture if you say "Where's the _____?"				Listen to TV or radio at same loudness level as other family members?			
Talk in short sentences?				Hear you when you call child's name from another room?			
Notice most sounds?							

(*Cononical babbling is defined as nonrepetitive babbling using several consonant and vowel combinations, such as "itika," "dabata," "omada." It is quite different from common babbling, such as "dada," "mama," or "baba.")

Pass = All "YES" responses or only one "NO" response. Refer = Two or more "NO" responses.

Check (✓) One: Pass Refer If other, explain: _____

Screener: _____

Date: _____

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