

Child's Name: _____
Date of Birth: _____
Today's Date: _____
Person answering questions: _____

Who referred you to the Speech and Hearing Center? _____

Please check "yes" or "no" for the following questions:

	YES	NO
Has the child had any problems with ear infections?	_____	_____
Have there been recent problems?	_____	_____
Has there been any drainage from the ears?	_____	_____
Frequent colds?	_____	_____
Sore throat?	_____	_____
Tonsillitis?	_____	_____
Tonsils or adenoids removed?	_____	_____
Convulsions or seizures?	_____	_____
Meningitis?	_____	_____
Measles?	_____	_____
Mumps?	_____	_____
Chicken pox?	_____	_____
Has the child ever had tubes?	_____	_____
Ear surgery?	_____	_____

	YES	NO
Do any of the child's brothers or sisters have a hearing problem?	_____	_____
Do the child's parents have any hearing problems?	_____	_____
Does the child use speech to communicate?	_____	_____
Does the child have a speech problem?	_____	_____
Did the child's mother have any kind of illness or rash while pregnant?	_____	_____
Did the mother take any medication during pregnancy?	_____	_____
Is there an Rh difference between the parents' blood?	_____	_____
Was the child's birth abnormal in any way?	_____	_____
Was the child full -term?	_____	_____
Does your child wear a hearing aid?	_____	_____
Does your child frequently request that the TV or radio be made louder than others in the family like?	_____	_____
Does your child frequently ask for things to be repeated?	_____	_____
Does your child often answer a question with an unrelated answer?	_____	_____
Does your child seem inattentive at home or school?	_____	_____
Does your child seem withdrawn?	_____	_____

ANSWER THE FOLLOWING QUESTIONS IF YOUR CHILD IS SCHOOL-AGE

	YES	NO
Is the child having problems with his/her schoolwork?	_____	_____
Are there any problems with spelling,phonics or English?	_____	_____
Is the child unable to listen to a message when there is Background noise?	_____	_____
Is the child able to discriminate between two pairs of words such as "cat" and sat"?	_____	_____
Is the child able to discriminate words in a noisy environment?	_____	_____
Does the child often misinterpret words, phrases or sentences?	_____	_____
Is the child able to remember a series of numbers, words or sentences in order?	_____	_____
Is the child able to correctly follow a series of oral directions?	_____	_____
Does the child confuse the order of words or syllables, such as saying "cakeup" for "cupcake"?	_____	_____
Is the child able to remember the alphabet,days of the week, months of the year,etc.?	_____	_____

IF YOUR CHILD IS 4 YEARS OF AGE OR LESS, PLEASE ANSWER THE FOLLOWING:

	YES	NO
When the child is sleeping,do sudden noises awaken him momentarily?	_____	_____
Does he/she cry at very loud noises?	_____	_____
Does the child ever jump to sudden loud noises?	_____	_____
Did the child babble around 5 or 6 months of age?	_____	_____
By 7 months did the child turn directly to sounds or voices that were out of his sight?	_____	_____
By 13 mo., did the child look for sounds behind him?	_____	_____
by 9 to 13 months, did the child begin to initiate some sounds?	_____	_____
Does your child hear you when you call from another room?	_____	_____

COMMENTS _____
