



Hearing Status Questionnaire Instructions

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Hearing Status Questionnaire - Instructions

Introduction

These instructions are to accompany the training DVD for the Help Me Grow Hearing Status Questionnaire.

The Help Me Grow Hearing Status Questionnaire meets the federal requirement for a “hearing status check.” By definition, a hearing screening is a quick physiological hearing test, using calibrated equipment and performed by an audiologist, a trained RN or a physician. There are no valid or accepted paper hearing screenings, so **DO NOT refer to the Hearing Status Questionnaire as a “screening.”**

Only those who have completed viewing the training DVD may complete the Hearing Status Questionnaire. The Help Me Grow Service Coordinators who have completed viewing the training DVD will be responsible for completing the Hearing Status Questionnaire with the parent/guardian of **every child** referred for Help Me Grow ongoing services (Part C and at-risk).

The Questionnaire must be completed **within 45 days of referral** to Help Me Grow. This Questionnaire is not to be completed on prenatal referrals or newborn home visits.

The Questionnaire is to be completed **in person** with the child’s parent/guardian.

DO NOT complete over the telephone.

DO NOT send to a parent/guardian for completion.

PRINT LEGIBLY IN INK WHEN COMPLETING! It must be emphasized that all information on the Hearing Status Questionnaire must be **printed clearly**. It is imperative that both letters and numbers are **PRINTED LEGIBLY**.

Nothing should be left blank. There should be no items left blank on the Hearing Status Questionnaire (unless a parent/guardian answers “yes” to any of the three items in Part I, in which case Part II does not need to be completed).

When the Hearing Status Questionnaire has been completed, carefully review what has been answered. If **any** of the **WHITE** boxes have been checked (**YES** for everything except Behavioral Observations; **NO** only for Behavioral Observations), the child should be referred to his or her primary care physician/medical home to be referred to an **audiologist** or an **ENT physician** for an actual hearing screening or an audiologic evaluation.

The completed Questionnaire is to be placed in the child’s HMG record (which may be checked as part of the monitoring process), and entered in Early Track 3.0.

Questions? Contact Sharon Marcum at by e-mail at sharon.marcum@odh.ohio.gov. or by telephone at **614-728-4891**.



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Ex3: If the month under Date of Birth is a larger number than the month under Today's Date, "borrow" 12 (months) from the year. Always use 12 months. Then do straight subtraction.

$$\begin{array}{r} 2007 \ 01 \ 30 \text{ (Today's Date)} \\ -2004 \ 10 \ 28 \text{ (Date of Birth)} \\ \hline 2006 \ 13 \\ 2007 \ 01 \ 30 \text{ (Today's Date)} \\ -2004 \ 10 \ 28 \text{ (Date of Birth)} \\ \hline 2 \ 03 \ 02 \text{ (Child's Chronological Age)} \end{array}$$

- F. Child's Chronological Age in Months:** Once you've calculated the child's chronological age, convert that age into **months** (this will be used in Question 4).

To convert to months, multiply the **years** value by **12**, then **add** the **months** value. If the **days** value is **15 or more**, round up one month. If the **days** value is **14 or less**, do not round.

Ex1: The Chronological Ages from above would convert as follows:

2 02 02 = **26 months** ($2 \times 12 = 24$; $24 + 2 = 26$; days = 2, so do not round).

2 01 03 = **25 months** ($2 \times 12 = 24$; $24 + 1 = 25$; days = 3, so do not round).

2 03 02 = **27 months** ($2 \times 12 = 24$; $24 + 3 = 27$; days = 2, so do not round).

Ex2: If a Chronological Age was calculated to be 2 years, 11 months, 16 days:

2 11 16 = **36 months** ($2 \times 12 = 24$; $24 + 11 = 35$; days = 16, so round up).

- G. Completed by:** PRINT your **first name** and **last name**. DO NOT sign or write in cursive! Your name must be legible.

Ex: Your name is Jenny Peters; neatly print **Jenny Peters**

- H. Signature:** This is the ONLY place on the Questionnaire where you are not required to print! Sign your name as you normally would when a signature is required.

- I. County:** PRINT the county in which your Help Me Grow program is located.

Ex: Your Help Me Grow program serves Guernsey County, neatly print **Guernsey**

- J. Telephone Number:** Print the telephone number where you can be reached at work in the spaces provided. Be sure to include your area code.

Ex: Your personal line at HMG is (937) 321-1234; neatly print **(937) 321-1234**



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PART I

This section is to be completed on every referral for Help Me Grow ongoing services (Part C and at-risk). Do not use with prenatal referrals or newborn home visits.

Ask the child's parent/guardian each of the three questions. After the parent/guardian answers each question, place an **X** in the box under **YES** or **NO** according to their answer.

ASK EVERY PARENT/GUARDIAN ALL THREE QUESTIONS.

- 1. Does the child have a diagnosed hearing loss?**
- 2. Has the child seen an audiologist or ENT physician within the last year?**
- 3. The question you ask will depend on the child's chronological age in months.**

If the child is under six (6) months old, ask:

Has a universal newborn hearing screening been completed?

If the child is six (6) months old or older, ask:

Has the child's hearing been screened or tested by a doctor or audiologist within the last 90 days?

For each of the three questions:

If the parent/guardian answers **YES**, place an **X** in the box under **YES**. Continue to the next question.

If the parent/guardian answers **NO**, place an **X** in the box under **NO**. Continue to the next question.

NOTES:

If any of these three questions is answered **YES**, the Hearing Status Questionnaire is complete. Do not continue to Part II. Request a copy of any results to provide documentation in the child's HMG record.

If the parent/guardian reports that the child has a diagnosed hearing loss, provide the parent/guardian information about the Regional Infant Hearing Program (RIHP), and refer the child to the RIHP for services.

If the parent/guardian answers **NO** to **ALL THREE** questions, continue to PART II.

*Ex1: The mother answers that her child does not have a diagnosed hearing loss, place an **X** in the box under **NO** and continue to the next question.*

*Ex2: The mother answers that her child has seen an audiologist in the past 180 days, place an **X** in the box under **YES** and continue to the next question. **DO NOT** continue to Part II. Request a copy of any results to provide documentation in the child's HMG record.*



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PART II

*For this section, remember that you are not a medical provider. **DO NOT** make diagnostic assumptions. **DO NOT** request the medical chart for review.*

Mark ALL QUESTIONS based on parent/guardian answers. If a parent/guardian does not understand, or has questions, use the examples below for clarification. **DO NOT answer for any parent/guardian!**

1. Diagnosed Medical Conditions

Ask the parent/guardian if the child has any diagnosed medical conditions that could affect his/her hearing (see Appendix for a list of medical conditions that may include hearing loss).

NOTE: Medical conditions not listed in the Appendix are not closely associated with hearing loss. These should not be listed, and should not generate a referral at the end of the Questionnaire. Examples of medical conditions not associated with hearing loss include asthma, allergies, club foot, or apnea.

“Does (child’s name) have any diagnosed medical conditions?”

If the parent/guardian answers **YES**, and it is a medical condition listed in the Appendix, place an **X** in the box under **YES**. **Neatly PRINT** the condition(s) that the parent/guardian named in the space provided. Continue to item #2.

If the parent/guardian answers **NO**, or names a diagnosed condition that is not listed in the Appendix, place an **X** in the box under **NO**. Continue to item #2.

*Ex1: If the parent answers that Johnny has been diagnosed with Down’s Syndrome, check the Appendix. Since Down’s Syndrome is listed in the Appendix, place an **X** in the box under **YES** and neatly print “**Down’s Syndrome**” in the space provided.*

*Ex2: If the parent says that Johnny has been diagnosed with asthma, check the Appendix. Since asthma is not listed in the Appendix, place an **X** in the box under **NO**.*



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2. **Risk Factors for Hearing Loss**

The presence of a risk factor or factors does not indicate an actual hearing loss. Risk factors simply indicate an increased possibility of hearing loss. In the 2000 position statement, the Joint Committee on Infant Hearing (JCIH) recommended using the following risk factors for hearing loss for infants 29 days through two years of age:

In-utero infection(s) - An infection in the mother/child before birth (i.e, Cytomegalovirus, herpes, rubella, syphilis, toxoplasmosis).

Postnatal Infection(s) - An infection in the child after birth that is associated with sensorineural hearing loss (i.e., bacterial meningitis).

Neonatal Indicator(s) - Condition(s) in the newborn, specifically hyperbilirubinemia requiring an exchange transfusion, persistent pulmonary hypertension requiring mechanical ventilation, and conditions requiring the use of extracorporeal membrane oxygenation (ECMO).

Syndrome(s) - A diagnosed syndrome or syndromes associated with progressive hearing loss (hearing loss that develops and increases over time), including Neurofibromatosis, osteopetrosis, Usher's Syndrome. See the Appendix for a list of medical conditions and syndromes that may include hearing loss.

Neurodegenerative Disorder(s) - Disorders that can affect hearing (including Hunter syndrome), or sensory motor neuropathies such as Friedreich's ataxia and Charcot-Marie-Tooth syndrome. See the Appendix for a list of medical conditions and syndromes that may include hearing loss.

Head Trauma - Any sharp blow to the head (i.e., falling down, being hit by a baseball, physical abuse).

Chronic Ear Infections - Ear infection including middle ear fluid lasting three months or longer. A mild or short-term (under three months) ear infection does not count.

Ask the parent/guardian if the child has had each of the listed risk factors.

If the parent/guardian answers **YES** to any of the seven risk factors, place an **X** in the box under **YES** next to that risk factor. Continue until all seven risk factors have been addressed.

If the parent/guardian answers **NO** to any of the seven risk factors, place an **X** in the box under **NO** next to that risk factor. Continue until all seven risk factors have been addressed.



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3. **Blood Relatives with Permanent Hearing Loss**

The term “blood relatives” means family members who are biologically related to the child. This excludes any ‘step-’ or ‘foster-’ parents, siblings, grandparents, etc. **This question only refers to the child’s actual blood relatives.**

You will be asking the parent/guardian if any of the **child’s blood relatives** have a **permanent hearing loss** that started before the age of sixteen and was not caused by an illness, accident or injury.

For a parent/guardian to answer **YES** for any of the blood relatives listed, the hearing loss must meet the following criteria:

- a. **The hearing loss is permanent (i.e., not correctible).** Any temporary hearing loss does not count.
Ex: A seven year-old sister suffering from repeated ear infections does not count.
- b. **The hearing loss must have begun prior to the relative’s sixteenth (16th) birthday.**
Ex: Any relative who developed a hearing loss later in life does not count.
- c. **The hearing loss must not have been caused by an illness (i.e., measles).**
Ex: The child’s mother has had a permanent hearing loss since age eight (8), due to measles; this does not count. Hearing loss due to repeated ear infections or middle ear fluid do not count.
- d. **The hearing loss was not caused by an accident or injury.**
Ex: A brother with a hearing loss since age 14 due to a football injury does not count. Hearing loss due to head trauma, concussion, torn eardrum, or objects in the ear does not count.

Ask about each of the following blood relatives:

- a. **Mother** - The child’s biological mother only. This does not include a stepmother, adoptive mother, foster mother, guardian, caregiver, or father’s partner.
- b. **Father** - The child’s biological father only. This does not include a stepfather, adoptive father, foster father, guardian, caregiver, or mother’s partner.
- c. **Sibling(s)** - The child’s brother(s) and/or sister(s) that share at least one biological parent. This does include half-brothers and/or half-sisters, but does not include stepbrothers and/or stepsisters.
- d. **Cousin(s)** - The child’s first cousins only; the biological children of the mother’s and father’s biological sibling(s). This does not include second/third/fourth cousins, stepcousins or adopted cousins.
- e. **Mother’s Mother** - The child’s maternal grandmother, only if she is the mother’s biological mother. This does not include the mother’s stepmother or adoptive mother.
- f. **Mother’s Father** - The child’s maternal grandfather, only if he is the mother’s biological father. This does not include the mother’s stepfather or adoptive father.



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- g. **Mother's Sibling(s)** - The mother's brother(s) and/or sister(s) that share at least one biological parent. This does include half-brothers and/or half-sisters, but does not include stepbrothers and/or stepsisters.
- h. **Father's Mother** - The child's paternal grandmother, only if she is the father's biological mother. This does not include the father's stepmother or adoptive mother.
- i. **Father's Father** - The child's paternal grandfather, only if he is the father's biological father. This does not include the father's stepfather or adoptive father.
- j. **Father's Sibling(s)** - The child's aunt(s) and/or uncle(s) that are brother(s) and/or sister(s) that share at least one biological parent with the child's father. This does include half-brothers and/or half-sisters, but does not include stepbrothers and/or stepsisters.

“Do you know if (child's name)'s _____ had a permanent hearing loss before they were sixteen that was not due to an illness, accident or injury?”

If the parent/guardian answers **YES**, verify that the hearing loss meets the four criteria listed above (a-d). If it meets all four criteria, place an **X** in the box under **YES** next to that relative. Continue to the next listed blood relative until all ten have been addressed.

If the parent/guardian answers **NO** or doubts that the relative has/had a hearing loss (i.e., “I don't think so”), place an **X** in the box under **NO**. Continue to the next listed blood relative until all ten have been addressed.

If the parent/guardian **does not know** the hearing status of a particular blood relative (i.e., unknown father; adopted or foster child), place an **X** in the box under **UNKNOWN**. Continue to the next listed blood relative until all ten have been addressed.



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4. **Behavioral Observations by Parent/Guardian**

Remember that you are not a medical provider. **DO NOT** enter information based on your observations; it is the parent/guardian whose observations that are being recorded.

The list presented contains hearing “milestones,” behaviors that are usually observed by a certain age in normally-hearing and normally-developing children. Each behavior is labeled “By ___ months.” By the stated age, each behavior should be observed in normally-hearing and normally-developing children.

Review the child’s **chronological age in months** that was calculated at the top of the Hearing Status Questionnaire. Determine which category the child is in. Do not place a child in the category that is older than their chronological age.

*Ex1: Johnny is 13 mos. old, so he is in the category labeled “By 10 months.” **DO NOT** place him in the “By 15 months” category.*

Place an **X** in the box under **N/A** (Not Applicable) for all categories older than the child. **Do not leave anything blank.**

Ex2: Johnny is 13 months old. Place an X under N/A for the 36, 24, 18 and 15-month-old categories. Ask the parent/guardian if they have observed the behaviors listed in the 10, 6 and 3-month-old categories and place an X under YES or NO for each behavior based on the parent’s/guardian’s response.

Ask the parent/guardian if the child has been observed doing the behaviors listed for the child’s category and all categories **younger than** the child’s chronological age. Phrase each question with “**Does** (child’s name) _____?” and fill in the blank with the behavior as listed.

Ex4: By 3 mos. - Startles to loud sounds; Ask the parent/guardian “Does Johnny startle to loud sounds?”

Review the child’s **chronological age in months**.

Place an **X** in the box under **N/A** (Not Applicable) for all categories **older than** the child.

Ask the parent/guardian if **they have observed** the child doing the behaviors listed for the child’s category and all categories **younger than** the child’s chronological age.

If the parent/guardian answers **YES**, place an **X** in the box under **YES** next to that behavior.

If the parent/guardian answers **NO**, place an **X** in the box under **NO**. Continue until the child’s category and all categories **younger than** the child’s chronological age have been addressed.



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5. Parent/Guardian Concerns Regarding Child's Hearing

Ask the parent/guardian if they have any concerns about the child's hearing.

“Do you have any concerns about (child's name)'s hearing?”

If the parent/guardian answers **YES**, place an **X** in the box under **YES**.

List any concerns in the space provided. **PRINT NEATLY.**

If the parent/guardian answers **NO**, place an **X** in the box under **NO**.

NOTE: This Questionnaire is solely focused on hearing. A parent may state that they do not have concerns about their child's hearing, but that they do have some concerns about speech and/or language development. **DO NOT** indicate these concerns on this form, but note them in the child's chart and follow-up in an appropriate manner.



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APPENDIX

The following is a list of medical conditions that may include hearing loss (from *Hearing in Children, Fourth Edition* by Jerry L. Northern, Ph.D. and Marion P. Downs, Dr.H.S.).

Absence of the Tibia (Robert's Syndrome)
Achondroplasia (Chondrodystrophia Fetalis)
Acoustic Neuroma
Acrocephalosyndactyly
Alber-Schönberg Disease of Osteopetrosis (Chalk Bone Disease; Ivory Bone Disease; Marble Bone Disease)
Albinism with Blue Irides (Oculocutaneous Albinism)
Alport's Syndrome (Hereditary Nephritis with Nerve Deafness)
Amyloidosis, Nephritis and Urticaria (Muckle-Wells Syndrome)
Apert's Syndrome (Acrocephalosyndactyly)
Atopic Dermatitis
Brevicollis
Cardioauditory Syndrome
Cerebral Palsy
Cervico-oculoacoustic Dysplasia
Cleft Palate and/or Lip
Cleidocranial Dysostosis (Cleidocranial Dysplasia; Osteodental Dysplasia)
Cockayne's Syndrome
Cornelia de Lange Syndrome
Craniofacial Dystosis
Crouzon's Syndrome
Cryptophthalmus
Cytomegalovirus Disease
Diastrophic Dwarfism
Down's Syndrome (Trisomy 21 Syndrome; Mongolism)
Duane's Syndrome (Cervico-oculoacoustic Dysplasia)
Dyschondrosteosis
Ectodermal Dysplasia (Ectrosyndactyly, Ectodermal Dysplasia and Cleft Palate Syndrome; Lobster-Claw Syndrome)
Engelmann's Syndrome (Craniodiaphyseal Dysplasia; Diaphyseal Dysplasia)
Franconi's Anemia Syndrome (infantile and/or Adolescence Renal Tubular Acidosis)
Fetal Alcohol Syndrome
Fragile X Syndrome
Friedrich's Ataxia
Goiter, Stippled Epiphysis and High Protein-Bound Iodine
Goldenhar's Syndrome (Oculoauriculovertebral Dysplasia)
Hallgren's Syndrome
Hand-Hearing Syndrome (Hand Muscle Wasting and Sensorineural Deafness)
Hemifacial Microsomia
Hereditary Hyperphosphatasia
Herrmann's Syndrome (Photomyelonus, Diabetes Mellitus, Nephropathy and Sensorineural Deafness)
Hurler's Syndrome-Hunter's Syndrome (Mucopolysaccharidosis I and II)
Hydrocephalus
Hyperprolinemia I and II
Hyperuricemia
Jervell and Lange-Nielsen Syndrome (Cardioauditory Syndrome; Surdocardiac Syndrome)
Keratopachyderma and Digital Constrictions
Klippel-Feil Syndrome (Brevicollis; Cervico-oculoacoustic Dysplasia; Wildervanck's Syndrome)



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Knuckle Pads and Leukonychia
Laurence-Moon-Biedl-Bardet Syndromes
Leri-Weill Disease
Lobster-Claw Syndrome
Long Arm 18 Deletion Syndrome
Madelung's Deformity (Dyschondrosteosis; Leri-Weill Disease)
Malformed Low-Set Ears Syndrome
Marfan's Syndrome
Measles
Meningitis
Möbius' Syndrome (Facial Dysplasia)
Mohr's Syndrome (Oral-Facial-Digital II; OFD II)
Mumps
Muscular Dystrophy
Myoclonic Epilepsy
Myopia and Congenital Deafness
Nephrosis, Urinary Tract Malformations
Neurofibromatosis
Norrie's Syndrome (Oculoacousticocerebral Degeneration)
Oculoacousticocerebral Degeneration
Onychodystrophy
Optic Atrophy and Diabetes Mellitus
Optic Atrophy and Polyneuropathy
Opticocochleodentate Degeneration
Osteogenesis Imperfecta (Van Der Hoeve's Syndrome)
Osteopetrosis
Otopalatodigital Syndrome
Paget's Disease (Juvenile) (Hereditary Hyperphosphatasia)
Pendred's Syndrome (Goiter and Profound Deafness)
Piebaldness
Pierre Robin Sequence (Cleft Palate, Micrognathia, and Glossoptosis)
Pili Torti
Preauricular Abnormalities
Pyle's Disease (Cranio metaphysial Dysplasia)
Refsum's Syndrome
Renal-Genital Syndrome
Renal Tubular Acidosis (Fanconi's Anemia Syndrome)
Richards-Rundle Syndrome (Ataxia-Hypogonadism Syndrome)
Rubella, Congenital
Saddle Nose and Myopia (Marshall Syndrome)
Sensory Radicular Neuropathy
Symphalangism
Syphilis, Congenital
Treacher Collins Syndrome (Mandibular Dysostosis, First Arch Syndrome)
Trisomy 13-15 Syndrome
Trisomy 18 Syndrome
Trisomy 21 Syndrome
Turner's Syndrome (Gonadal Dysgenesis)
Usher's Syndrome
Van Buchem's Syndrome (Hyperostosis Corticalis Generalisata)
Van Der Hoeve's Syndrome (Osteogenesis Imperfecta)
Von Recklinghausen's Neurofibromatosis
Waardenberg's Syndrome
Wildervanck's Syndrome (Otofaciocervical Dismorphia; Cervico-oculoacoustic Dysplasia)