

Your Child's Hearing History

Do you now, or have you ever had, any concerns about your child's hearing? _____
Does your child have a permanent hearing loss that you are aware of? _____
(for example: loss in one ear only, can't hear high pitch sounds)
Please describe the hearing loss _____
Has any member of your family, or your child's teacher, ever expressed concern about your child's hearing? _____

Specific Questions About Your Child's Hearing History

1. Does your child respond to sound consistently? _____
2. Do you feel you need to repeat things for your child in order to be understood? _____
3. Does your child say "what" or "huh" frequently? _____
4. Do you need to raise your voice in order for your child to respond? _____
5. Does your child like to sit close to the television, or does he/she turn up the volume? _____
6. Does your child appear to have difficulty understanding speech in background noise? _____
7. Has your child had a formal hearing test by an audiologist?
(not just a screening at the doctor's office or in a school?) _____

Specific Questions About Your Child's Ear History

1. Did your child have any ear infections in the first 18 months of life? _____ If so, How many? _____
2. At what age did your child's first ear infection occur? _____
3. Does your child continue to have ear infections? _____
Approximately how many does he/she experience each year? _____
Has your child had an ear infection in the past 6 months? _____
4. Has your child ever been treated with antibiotics for an ear infection? _____
Has your child been treated with more than one antibiotic? _____
How long does it take for an infection to clear? _____
Is your child currently taking antibiotics for prevention of ear infections? _____
Has your doctor ever observed fluid behind your child's ear drums? _____
5. Has your child ever been seen by an Ear, Nose and Throat Specialist (Otolaryngology)? _____
6. Has your child ever received pressure equalizing (ventilating) tubes for chronic ear infections?
How many sets of tubes? _____ At what age(s)? _____
7. Does your child have a frequent runny nose? _____ Colds? _____ Allergies? _____

Additional Comments/Observations: _____

Parent or Legal Guardian