



## H.E.A.R. CHECKLIST

### Indicators Associated with Hearing Loss

Best practices for conducting hearing screening necessitate in-person contact between the screener and the child. During this time of national emergency; however, when face to face contact is deemed unsafe, it is important to identify an alternative vehicle for finding young children with potential hearing loss. Accordingly, Child Outreach, along with the Rhode Island Early Hearing Detection and Intervention (RIEHDI), have created this questionnaire to identify potential risk factors that warrant referral to an audiologist. It is important to be aware of the limitations of this questionnaire and the importance of following up with an in-person screen as soon as possible. Hearing difficulties, needing further attention or assessment, cannot be ruled out through this questionnaire.

**Children who have any of the following histories are of greater concern for potential hearing loss and warrant a referral to an audiologist if the child is not already receiving care.**

Child's Name: \_\_\_\_\_ Child's D.O.B.: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

	YES	NO	Please indicate if your child has experienced any of the following.
<b>H: Health</b>	<input type="checkbox"/>	<input type="checkbox"/>	Perinatal or postnatal risk factors: <ul style="list-style-type: none"> <li>• Was exposed to infection before birth</li> <li>• In NICU for more than five days or with complications</li> <li>• Needed special procedure (blood transfusion) to treat bad jaundice (Hyperbilirubinemia)</li> <li>• Neurological disorder or syndrome associated with hearing loss (Check with your healthcare professional.)</li> </ul>
	<input type="checkbox"/>	<input type="checkbox"/>	Was exposed to infection after birth such as herpes viruses, varicella (chickenpox), bacterial and viral meningitis, and encephalitis
	<input type="checkbox"/>	<input type="checkbox"/>	Received a bad injury to the head that required a hospital stay
	<input type="checkbox"/>	<input type="checkbox"/>	Was given certain medications, like chemotherapy, that might hurt hearing
	<input type="checkbox"/>	<input type="checkbox"/>	Had a large number of episodes of ear infections, PE tubes, or ear surgeries
<b>E: Education</b>	<input type="checkbox"/>	<input type="checkbox"/>	Delayed in speech, language, or phonics development
	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty following directions (watches others for cues; relies on vision heavily)
<b>A: Appearance</b>	<input type="checkbox"/>	<input type="checkbox"/>	Has head, face, or ears shaped or formed in a different way than usual
<b>R: Report</b>	<input type="checkbox"/>	<input type="checkbox"/>	Family history of hearing loss
	<input type="checkbox"/>	<input type="checkbox"/>	You are worried about your child's hearing
	<input type="checkbox"/>	<input type="checkbox"/>	Teacher or caregiver reports concerns regarding hearing
	<input type="checkbox"/>	<input type="checkbox"/>	Teacher or caregiver reports concern regarding behavior or attention
	<input type="checkbox"/>	<input type="checkbox"/>	Child reports tinnitus or ringing in the ears or difficulty hearing

Has your child been screened for hearing loss at birth?  Yes  No

Has your child been screened for hearing loss after the newborn screening  Yes  No

Has your child ever not passed a hearing screening  Yes  No

Has your child been identified with a hearing loss  Yes  No

Is your child currently under the care of a hearing specialist  Yes  No

If yes, what was the date of the child's last visit? \_\_\_\_\_ Next visit? \_\_\_\_\_

Additional Comments:

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For office use only:

No identified indicators were noted or child followed by an audiologist.

Refer for additional follow-up due to the risk factors indicated above.

*Modified from the Colorado Department of Education H.E.A.R. Checklist*

Confirmation of risk factors identified at birth can be obtained by a parent from RI-EHDI at 401-277-3700.