

## PEDIATRIC HISTORY OF HEARING LOSS

### Case History Form

Date	
Patient Name	
Patient DOB	
Informant(s)	
Interpreter Used	
Language Used	
Language at Home	

**Reason for Visit:**

- |  |  |
|--|--|
| <input type="checkbox"/> Failed Newborn Hearing Screening<br><input type="checkbox"/> Sibling with hearing loss or family history of hearing loss<br><input type="checkbox"/> Child not developing speech or language<br><input type="checkbox"/> Transfer of Services | <input type="checkbox"/> Chronic Ear Infection<br><input type="checkbox"/> CI Pre-Eval<br><input type="checkbox"/> School Screening Referral<br><input type="checkbox"/> Other |
|--|--|

**Hearing Aid/Cochlear Implant Used:**

Device:

Left ear serial # \_\_\_\_\_ Right ear serial # \_\_\_\_\_

Date Fit: \_\_\_\_\_

Location of Fitting: \_\_\_\_\_

Hours of use per day: \_\_\_\_\_

FM use:    T-Coil    Ear Level Receivers    Sound Field Speaker

**Prenatal History:**

	Yes	No	Comments
Maternal virus/infection			
Maternal meds/drugs			
Maternal conditions			
Maternal complications			

**Birth History:**

Hospital Born At: \_\_\_\_\_ Length of Stay: \_\_\_\_\_

Newborn Hearing Screening: Pass / Fail

Comments: \_\_\_\_\_

Startle Response: Yes / No    Comments: \_\_\_\_\_

Length of Gestation: \_\_\_\_\_ months \_\_\_\_\_ weeks

Birth Weight: \_\_\_\_\_

NICU: Yes / No    Comments: \_\_\_\_\_

**Developmental History:**

Milestone	Age Accomplished	Comments
Sitting		
Walking		
Babbling		
Speaking/Signing 1 <sup>st</sup> word		
Balance Problems		
Behavior Problems		

**Medical History:**

	Yes	No	Comments
Childhood diseases/conditions			
Family Hx of Hearing Loss			
Siblings Syndrome			
High Fevers			
Seizures			
Surgeries			
Respiratory Problems			
Cardiac Problems			
Medications			
Otitis Media			
P.E. Tubes			

**Speech and Language Development (Estimate):**

Number of Vocabulary Words:

0-5   5-10   10-15   15-20   20-25   25-30   30-35   35-40   40-45   50-75   75-100   100+

Number of Words in a Sentence:

0   1-2   2-3   3-5   5+

**Private Therapy:**

Type	Administered by	Location	Frequency	Duration	Ind/Group
Speech					
Occupational					
Physical					
Early Start					

**Services Received at School:**

Type	Administered by	Contact #	Frequency	Duration	Ind/Group
Speech					
OT/PT					
Audiologist					
DHH					
RSP					
Interpreter					

**Education:**

Current Release on File: Yes / No

School: \_\_\_\_\_

District/SELPA: \_\_\_\_\_

Language Modality:

\_\_\_ Oral

\_\_\_ ASL

\_\_\_ Total Communication

\_\_\_ Cued Speech

Setting:

\_\_\_ Mainstream

\_\_\_ Special Education

\_\_\_ DHH

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_ DOS \_\_\_\_\_

MRN \_\_\_\_\_

## LittLEARS Questionnaire

Questions:	Response	Examples
1. Does your child respond to a familiar voice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Smiles; looks toward source; talks animatedly
2. Does your child listen to somebody speaking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Listens; waits and listens; looks at the speaker for a longer time
3. When somebody is speaking, does your child turn his/her head towards the speaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is your child interested in toys that produce sounds or music?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rattle, squeaking toy
5. Does your child look for a speaker s/he cannot see?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Does your child listen when the radio/CD player/music is turned on?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Listening; turns towards the sound, is attentive, laughs or sings/talks along
7. Does your child respond to distant sounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When being called from another room
8. Does your child stop crying when you soothe him/her without him/her seeing you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	You try to comfort your child with a soft voice or song without eye contact
9. Does your child respond with alarm when hearing an angry voice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Becomes sad and starts crying
10. Does your child recognize acoustic rituals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Music box by bed; lullaby; running water
11. Does your child look for sound sources located at the left, right or back?	<input type="checkbox"/> Yes <input type="checkbox"/> No	You call/say something or the dog barks & your child looks and finds the sound source
12. Does your child react to his/her name when called?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Does your child look for sound sources located above or below?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A clock on the wall, or something falling on the floor
14. When your child is sad or moody, can s/he be calmed down or influenced by music?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Does your child listen on the telephone and does s/he recognize that somebody is talking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When grandma or daddy calls, the child takes the receiver and listens
16. Does your child respond to music with rhythmical movements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The child moves arms/legs to music
17. Does your child know that a certain sound is related to a certain object or event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The child hears the sound of an airplane and looks toward the sky or hears a car and looks toward the street
18. Does your child respond to short and simple remarks appropriately?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stop! Yuck! Don't!
19. Does your child respond to "No" by typically interrupting his/her current activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A strongly pronounced "no!" although the child does not see you is effective so they stop
20. Does your child know family members' names?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where is... daddy, mommy, name?
21. Does your child imitate sounds when asked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	/a/ /u/ /i/ /sh/ /s/ /m/
22. Does your child follow simple commands?	<input type="checkbox"/> Yes <input type="checkbox"/> No	"Come here", "take off your shoes", etc
23. Does your child understand simple questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where is your nose? Where is the ball?
24. Does your child bring items when asked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	"Bring me the ball" etc
25. Does your child imitate sounds or words you say?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Say "woof woof", say "car", etc
26. Does your child produce the right sound to a toy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vroom with car, moo with cow, etc
27. Does your child know that certain sounds go with certain animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Woof=dog, meow= cat, etc
28. Does your child try to imitate environmental sounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Animal sounds, police care siren, etc
29. Does your child correctly repeat a sequence of short and long syllables you have said?	<input type="checkbox"/> Yes <input type="checkbox"/> No	La-la-laa
30. Does your child select the correct object from a group of objects when asked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When playing with toy animals, ask for the cow, colored balls and ask for the red ball
31. Does your child try to sing along when hearing a song?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nursery rhymes
32. Does your child repeat certain words when asked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Say "bye bye" to grandma
33. Does your child like being read to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	From book or picture book
34. Does your child follow complex commands?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Take off your shoes and come here
35. Does your child try to sing along with familiar songs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lullabies

**Total Score:** \_\_\_\_\_ /35

*Charted score on backside*

# The Speech, Spatial, and Qualities of Hearing Scale (SSQ) for Parents

This questionnaire asks about your child's ability to hear and listen in everyday situations.

Subject ID \_\_\_\_\_

Examiner \_\_\_\_\_ Date \_\_\_\_\_

Completed by:

Mother / Father / Other (circle one)

Please specify for Other: \_\_\_\_\_

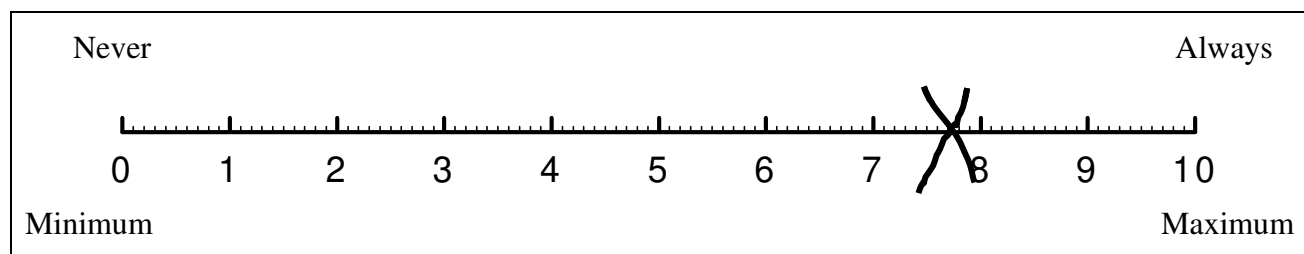
**Ref:** \_\_\_\_\_

**Date:** D: \_\_\_\_ M: \_\_\_\_ Y: \_\_\_\_

## An example

You should answer each question by making a mark on a horizontal line. Here is an example question. The answer, marked by the cross on the line, shows that the child has cornflakes for breakfast on most days, but not everyday. If you do not know the answer to a question, please put a tick in the box labelled 'I do not know.' If the situation described in a question does not happen for your child, please put a tick in the box labelled 'This situation does not happen for my child.' The real questions start in Section A below.

### 1. Does your child have cornflakes for breakfast?

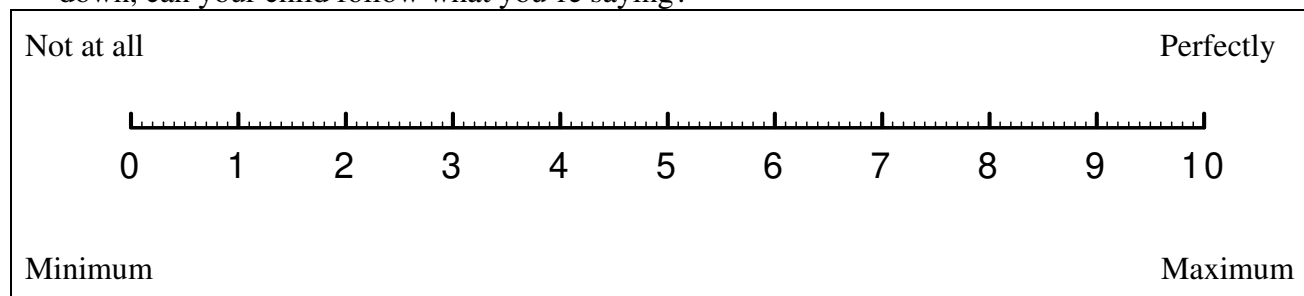


I do not know

This situation does not happen for my child

## Section A: Speech

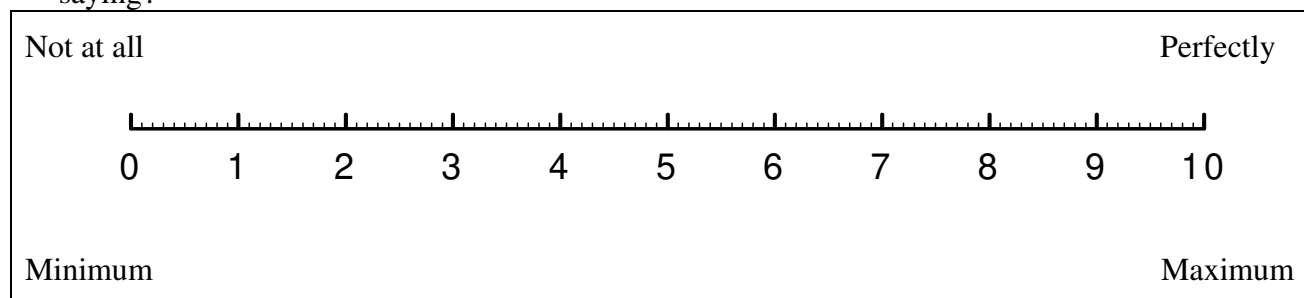
1. You are talking with your child and there is a TV on in the same room. Without turning the TV down, can your child follow what you're saying?



I do not know

This situation does not happen for my child

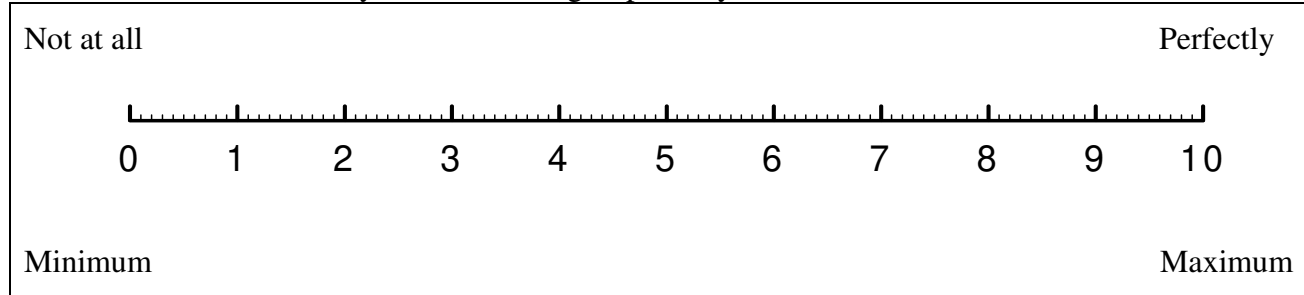
2. You are talking with your child in a quiet, carpeted room. Can your child follow what you're saying?



I do not know

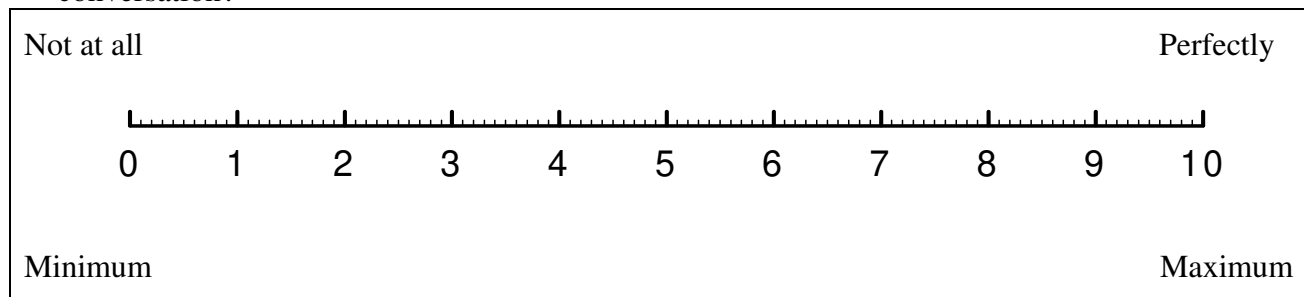
This situation does not happen for my child

3. Your child is in a group of about five people, sitting around a table. It is an otherwise quiet place. Your child can see everyone else in the group. Can your child follow the conversation?



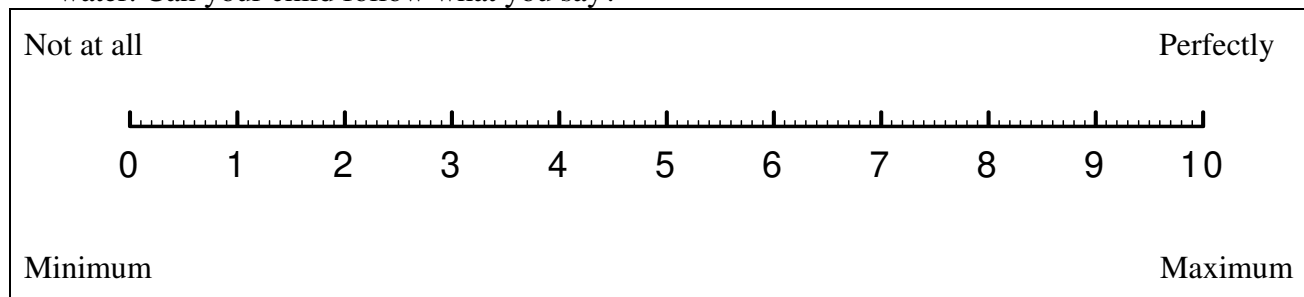
- I do not know  This situation does not happen for my child

4. Your child is in a group of about five people, sitting around a table. It is a noisy room, such as a busy classroom. Your child can see everyone else in the group. Can your child follow the conversation?



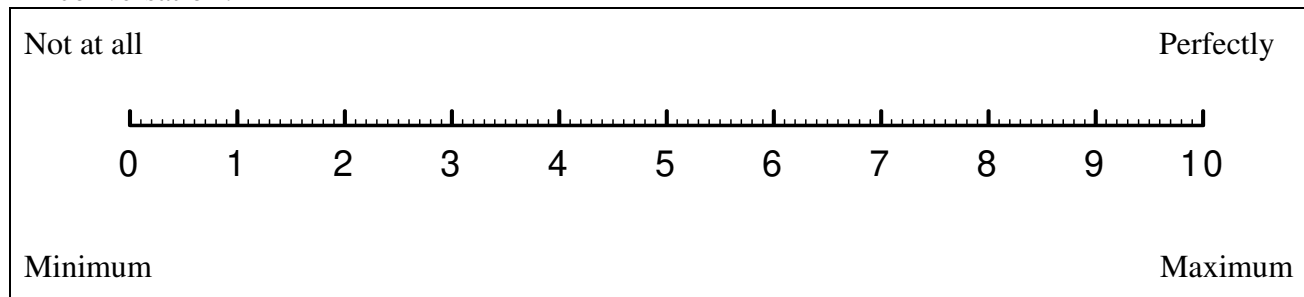
- I do not know  This situation does not happen for my child

5. You are talking with your child. There is a continuous background noise, such as a fan or running water. Can your child follow what you say?



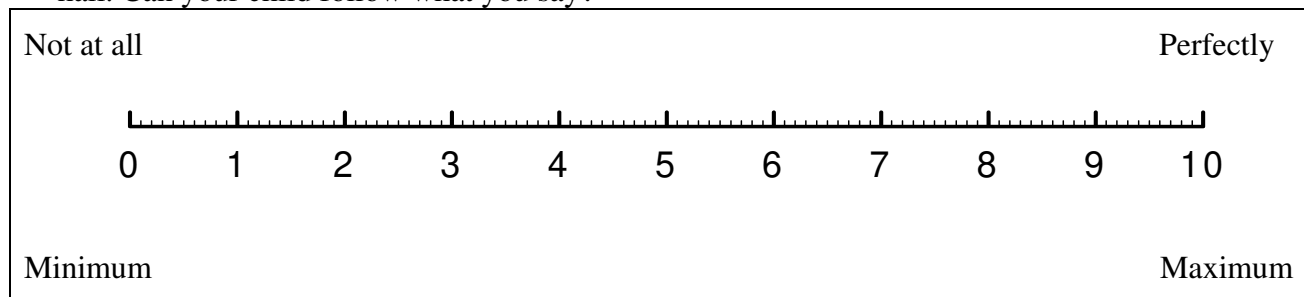
- I do not know  This situation does not happen for my child

6. Your child is in a group of about five people, sitting around a table. It is a noisy room, such as a busy classroom. Your child cannot see everyone else in the group. Can your child follow the conversation?



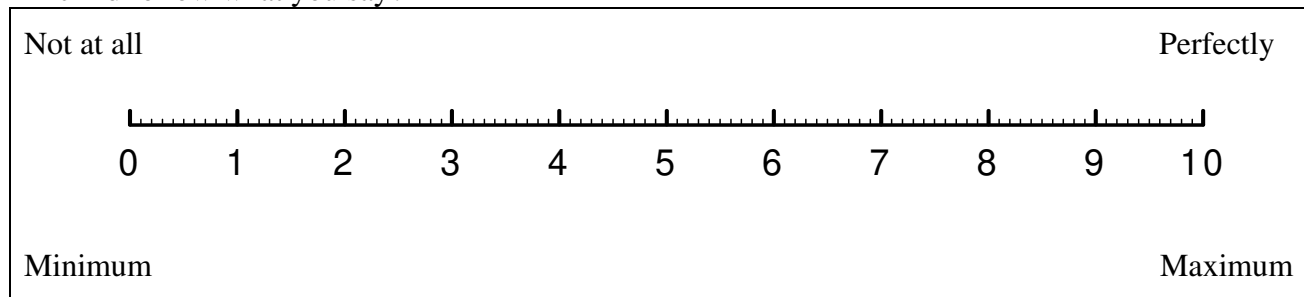
- I do not know  This situation does not happen for my child

7. You are talking to your child in a place where there are a lot of echoes, such as a school assembly hall. Can your child follow what you say?



- I do not know  This situation does not happen for my child

8. You are talking to your child in a room in which there are many other people talking. Can your child follow what you say?

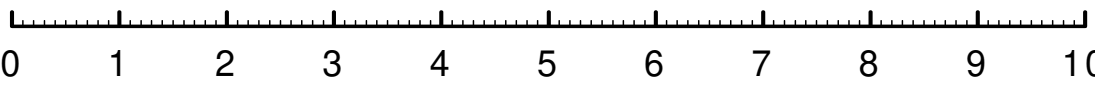


- I do not know  This situation does not happen for my child



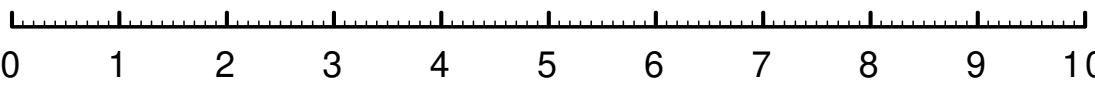
## Section B: Spatial Hearing

1. Your child is outdoors in an unfamiliar place. A loud constant noise, such as from an aeroplane, can be heard. The source of the sound can't be seen. Can your child tell right away where the sound is coming from?

Not at all	Perfectly
	
Minimum	Maximum

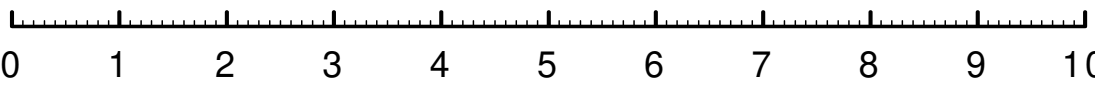
- I do not know                       This situation does not happen for my child

2. Your child is sitting around a table with several people. Your child cannot see everyone. Can your child tell where any person is as soon as they start speaking?

Not at all	Perfectly
	
Minimum	Maximum

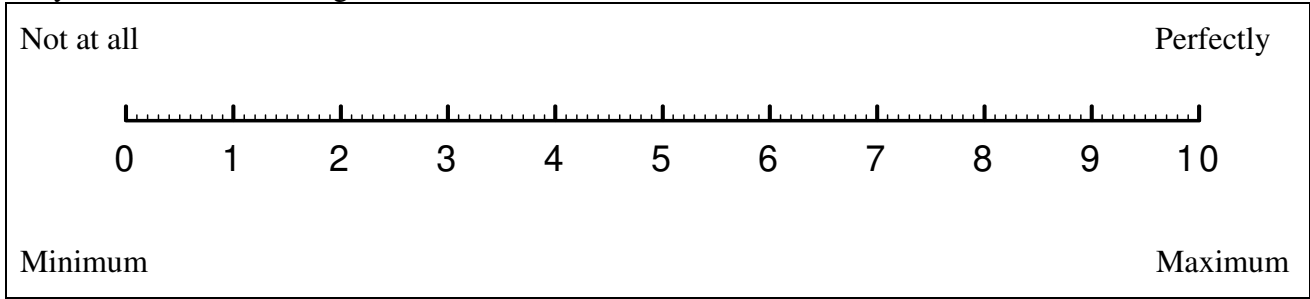
- I do not know                       This situation does not happen for my child

3. Your child is sitting in between two people. One person starts to speak. Can your child tell right away whether it is the person on their left or their right who is speaking, without having to look?

Not at all	Perfectly
	
Minimum	Maximum

- I do not know                       This situation does not happen for my child

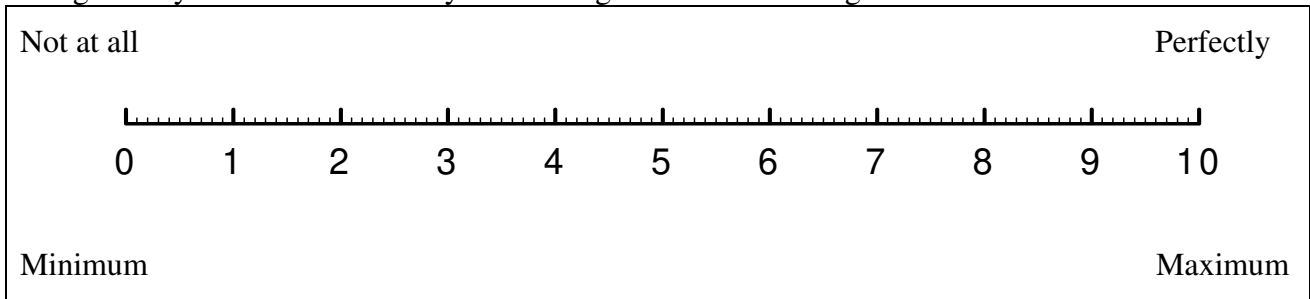
4. You and your child are outside. You call out their name. Can your child tell immediately where you are without having to look?



I do not know

This situation does not happen for my child

5. Your child is standing in a corridor. A noisy group of children is approaching. Can your child hear right away which direction they are coming from before seeing the children?




I do not know

This situation does not happen for my child

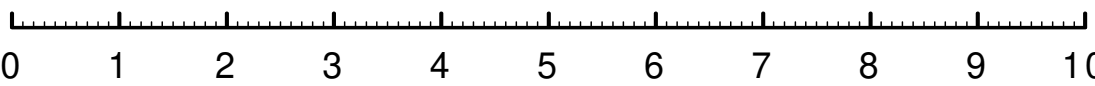
## Section C: Qualities of Hearing

1. Think about when there are two noises at once, for example, music playing and the sound of knocking at the door. Is your child able to identify the two separate sounds?

Not at all	Perfectly
	
Minimum	Maximum


- I do not know                       This situation does not happen for my child

2. You are in a room with your child and music is playing. Will your child be aware of your voice if you start speaking? Note that your child does not have to understand what you say.

Not at all	Perfectly
	
Minimum	Maximum

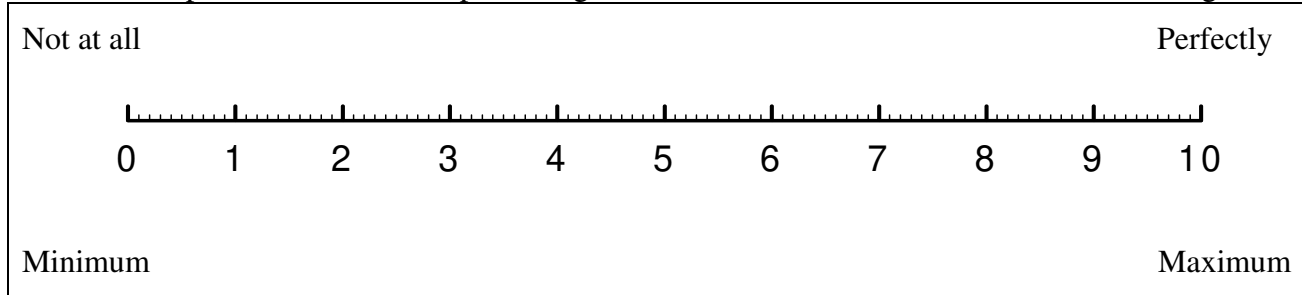
- I do not know                       This situation does not happen for my child

3. Can your child recognise familiar people by the sound of each one's voice without seeing them?

Not at all	Perfectly
	
Minimum	Maximum

- I do not know                       This situation does not happen for my child

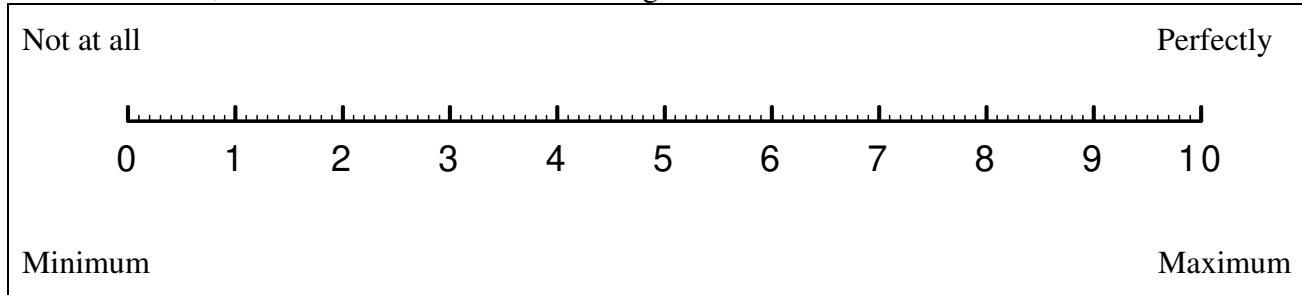
4. Can your child distinguish between pieces of music such as different nursery rhymes played on a cassette tape or CD? Note that producing relevant words or movements can indicate recognition.



I do not know

This situation does not happen for my child

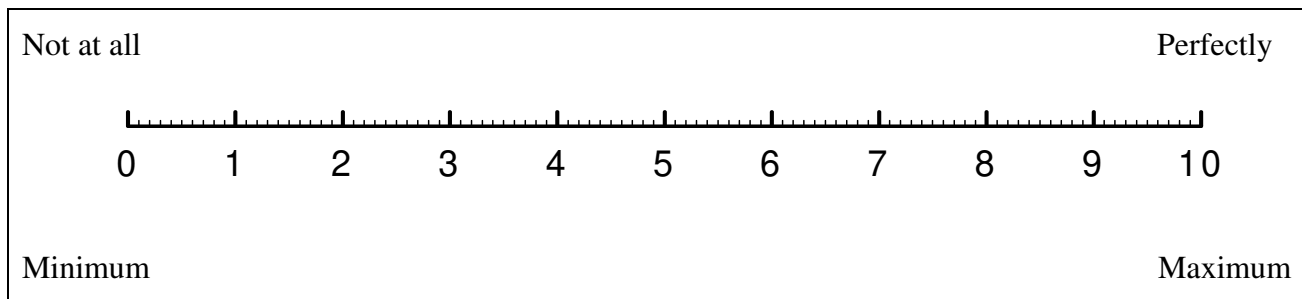
5. Can your child tell the difference between sounds that are somewhat similar, for example, a car versus a bus, OR a school bell versus knocking at the door?



I do not know

This situation does not happen for my child

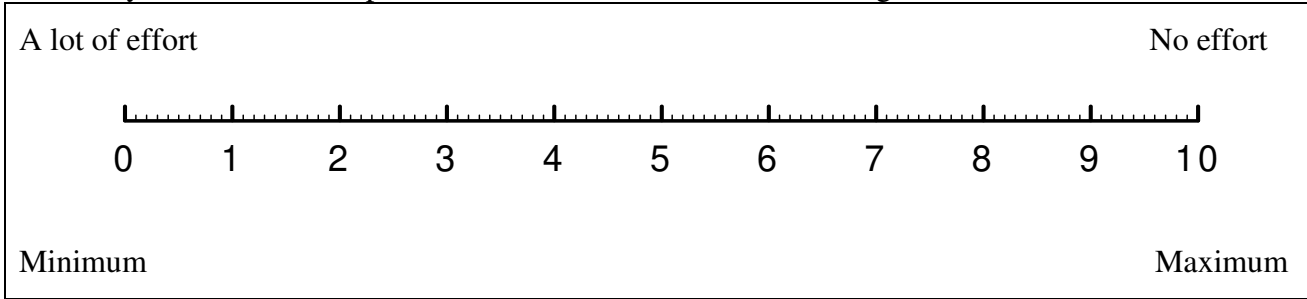
6. Can your child easily judge another person's mood from the sound of their voice?



I do not know

This situation does not happen for my child

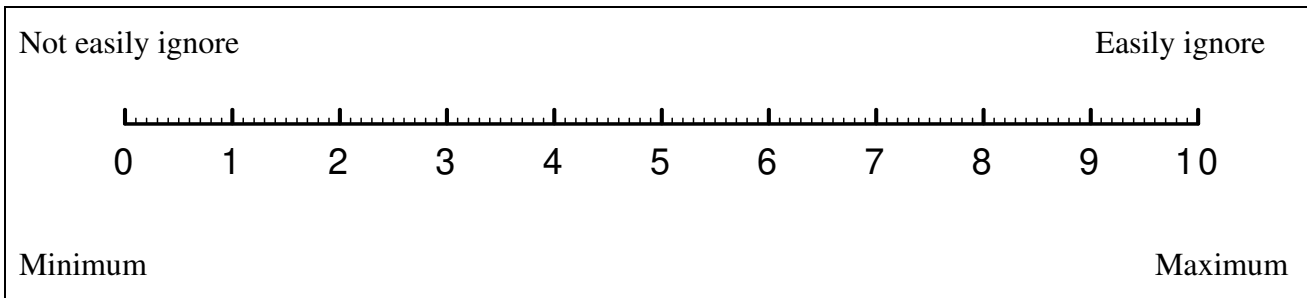
7. Does your child have to put in a lot of effort to hear what is being said in conversation with others?



I do not know

This situation does not happen for my child

8. Can your child easily ignore other sounds when trying to listen to something?

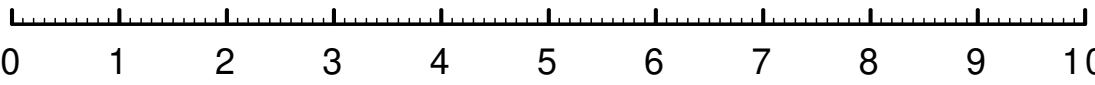


I do not know

This situation does not happen for my child

## Section D: Conversational Uses of Hearing

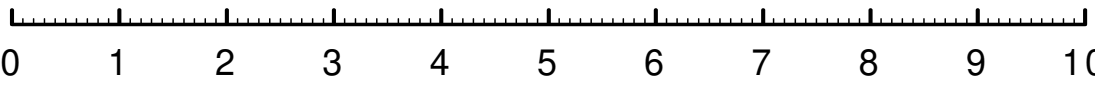
1. When you are riding in the car with your child, does your child answer when s/he is asked a question?

Not at all	Perfectly									
										
0	1	2	3	4	5	6	7	8	9	10
Minimum										Maximum

Where does your child typically sit in the car? \_\_\_\_ front \_\_\_\_ back

- I do not know                       This situation does not happen for my child

2. When you are riding in the car, does your child follow the conversation of others (e.g., adds to the conversation; asks questions about the topic)?

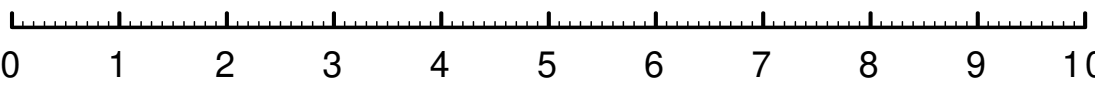
Not at all	Perfectly									
										
0	1	2	3	4	5	6	7	8	9	10
Minimum										Maximum

- I do not know                       This situation does not happen for my child

If your child follows the conversation, how do you know?

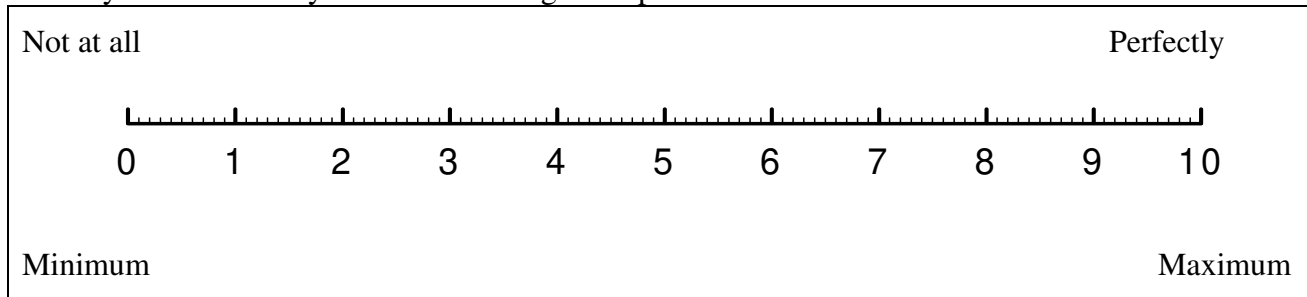
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3. Do you notice your child repeating words, jingles or songs heard on TV, DVD or radio?

Not at all	Perfectly									
										
0	1	2	3	4	5	6	7	8	9	10
Minimum										Maximum

- I do not know                       This situation does not happen for my child

4. Do you ever notice your child listening in on plans from another room?



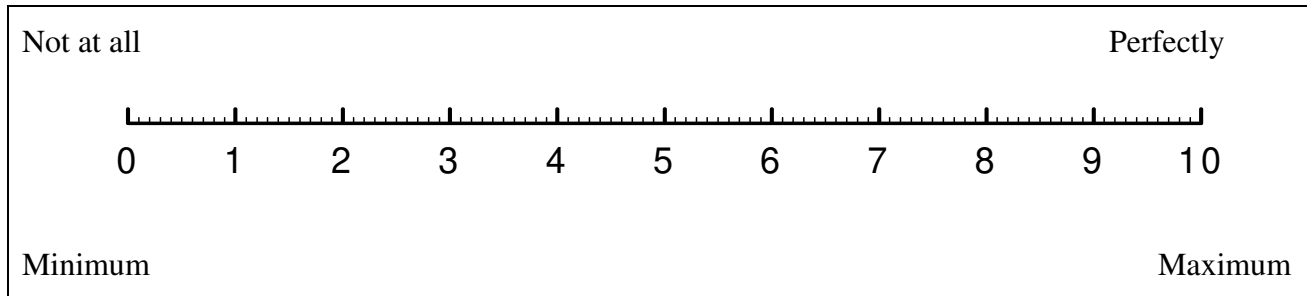
- I do not know       This situation does not happen for my child

How do you know? \_\_\_\_\_

5. Are there any sounds in the environment that you notice your child does NOT consistently respond to? (Please list)

\_\_\_\_\_

6. If there is a new sound in the environment, does your child ask, “What is that?”



*Thank you for completing this questionnaire*