

**BABY WATCH HEARING HEALTH CHECKLIST**

**The statements below are the high risk for hearing loss indicators from the Joint Commission on Infant Hearing 2000 Position Statement.**

After the bolded statements are clarifications of the indicator and/or family friendly questions that can be used to assist in completing the checklist. Use the items marked "yes" to reinforce the need for further testing. Encourage parents to seek the further testing that the child needs. Share the points on the Guide for Good Hearing Health with them. The Baby Watch Early Intervention Program recommends an OAE or more extensive hearing assessment annually for all qualifying children.

Circle "Yes" or "No" to answer each numbered statement.

**Yes No 1. Parental or caregiver concern regarding hearing, speech, language, and or developmental delay.**

- a. Do you have any concerns about your child's hearing or your child's talking?

**Yes No 2. Family history of permanent childhood hearing loss.**

- a. Did you have a family history of hearing loss when they were very young?

**Yes No 3. Stigmata or other findings associated with a syndrome known to include a sensorineural or conductive hearing loss or Eustachian tube dysfunction.**

- a. Check for ear tags or pits; low set, lopsided, unusual ears; cleft lip or palate; irregularly spaced eyes or ears, any other unusual facial features.

**Yes No 4. Postnatal infections associated with sensorineural hearing loss including bacterial meningitis.**

- a. Was your baby really sick?
- b. Was your child hospitalized?
- c. Did your child have a high fever?
- d. Check for a history of meningitis, and determine if viral or bacterial, or CMV or any other type of infection related to the spine or brain.

**Yes No 5. In-utero infection such as cytomegalovirus, herpes, rubella, syphilis, and toxoplasmosis.**

- a. Were any viral infections diagnosed when you were (or the mother was) pregnant? Specific infections, including those listed above.

**Yes No 6. Ototoxic medications**

- a. Did your child receive any medications that you were told could affect hearing?
- b. Did your child receive any intravenous vancomycin, gentamycin, lasix, Cisplatin, Nitrogen Mustard, or Vincristine (used to treat cancer)?

**Yes No 7. Neonatal indicators—specifically hyperbilirubinemia at a serum level requiring exchange transfusion, persistent pulmonary hypertension of the newborn associated with mechanical ventilation, and conditions requiring the use of extracorporeal membrane oxygenation (ECMO).**

- a. Did your child need a blood transfusion to replace all his blood when he was born?
- b. Did your child need a ventilator or machine to help her/him breathe? How long was it needed?
- c. Did your child need ECMO—a machine to put oxygen in the blood?
- d. Did your child ever have persistent pulmonary hypertension?

**Yes No 8. Neurodegenerative disorders, such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich's ataxia and Charcot-Marie-Tooth syndrome. Syndromes associated with progressive hearing loss such as neurofibromatosis, osteopetrosis, and Usher's syndrome.**

- a. Or myoclonic epilepsy, Huntington chorea, Werdnig-Hoffman disease, Tay-sach's disease, infantile Gaucher's disease, Neimann-Pick disease, and metachromatic leukodystrophy, or any infantile demyelinating neuropathy.
- b. Has your child been diagnosed with a specific condition by a Neurologist? Determine if it is a condition associated with hearing loss.

**Yes No 9. Head trauma.**

- a. Has your child ever had any injury to his/her head? Including concussions and contusions.
- b. Did your child ever lose consciousness? How long?
- c. Did your child ever go to the doctor or hospital after an injury?

**Yes No 10. Recurrent or persistent Otitis Media for at least 3 months.**

- a. Has your child had repeated ear infections?
- b. How many ear infections has your child had?
- c. How long did they last?