Hearing History Questionaire

Student Name_____ Date of Birth:_____
School:_____Grade:_____
Person completing form:_____

Please take your time. You responses are very helpful in helping us to evaluate your child.

1. Has anyone in the family had a hearing loss under the age of 40 years?_____If so, who?_____Do they wear hearing aids?_____

2.Has anyone in the family had a learning disablity? If so, who? _____
_____

3. Were there any problems during the pregnancy or in the period immediately following the birth?_____Was the child premature? If so, give gestational age and birthweight:_____If the child did not go home with you, how long did he remain in the hospital? _____
_____ Was your child on a ventilator, and if so, how long?_____

4. Is there a history of ear infections (more than one or two) as an infant or child?_____ If yes, how many infections?_____How often did they occur?_____Did the child have ear surgery?_____Did the child receive tubes?_____ If yes, how many sets?_____Has the child had any other ear surgeries or problems such as earaches, draining ears, medicine for an ear problem, fluid behind the eardrum, hole in the eardrum, etc.? How many times?_____

5. Does your child have any of the following?

___frequent runny nose
___frequent colds or sinus infections
___allergies
___ringing or buzzing in the ears
___dizziness

6. Has the child ever had a head injury causing unconsciousness or requiring medical attention?_____ If yes, describe_____Have there been any other hospitizations? If yes, describe:
_____

7. Does the child take medication? _____ If so, what type and for what condition?
_____ Are there any other medical conditions?_____

8. Please check if your child exhibits the following behaviors:

___sensitive to loud sounds
___appears to be confused in noisy places
___easily upset by new situations
___ difficulty following/understanding TV programs
___difficulty following directions
___restless; problems sitting still
___overly active
___short attention span
___easily distracted
___disruptive or rowdy
___temper tantrums
___shy
___anxiety
___lacks self-confidence
___irritable
___awkward, clumsy
___daydreams
___forgetful
___asks for repitition
___reverses words, numbers or letters
___prefers to play with older children
___prefers to play with younger children
___does opposite of what is requested
___prefers solitary activities
___seeks attention
___impulsive
___uncooperative
___destructive
___inappropriate social behavior
___does not complete assignments
___easily frustrated
___tires easily
___dislikes school
___fakes illnesses

9. Is there anything in the child's life which may be upsetting them or interferring in their ability to concentrate on schoolwork? _____
_____
_____

10. What is your child's best subject at school? _____
What subjects give your child the most difficulty? _____

11. What do you think is your child's biggest problem in learning at school? What worries you the most?
_____
_____
_____
_____
What does your child do really well ? _____
_____

12. Is there any other information you would like the audiologist to know?
_____
_____
_____
_____

FISHER'S AUDITORY PROBLEMS CHECKLIST

Student Name_____ District/Building _____

Date _____ Grade _____ Observer _____ Position _____

Please place a check mark before each item that is considered to be a concern by the observer:

____ 1. Has a history of hearing loss.

____ 2. Has a history of ear infection(s).

____ 3. Does not pay attention (listen) to instruction 50% or more of the time.

____ 4. Does not listen carefully to directions - often necessary to repeat instructions.

____ 5. Says "Huh?" and "What?" at least five or more times per day.

____ 6. Cannot attend to auditory stimuli for more than a few seconds.

____ 7. Has a short attention span.

(If this item is checked, also check the most appropriate time frame.)

_____ 0-2 minutes _____ 5-15 minutes

_____ 2-5 minutes _____ 15-30 minutes

____ 8. Daydreams - attention drifts - not with it at times.

____ 9. Is easily distracted by background sound(s).

____ 10. Has difficulty with phonics.

____ 11. Experiences problems with sound discrimination.

____ 12. Forgets what is said in a few minutes.

____ 13. Does not remember simple routine things from day to day.

____ 14. Displays problems recalling what was heard last week, month, year.

____ 15. Has difficulty recalling a sequence that has been heard.

____ 16. Experiences difficulty following auditory directions.

____ 17. Frequently misunderstands what is said.

____ 18. Does not comprehend many words - verbal concepts for age/grade level.

____ 19. Learns poorly through the auditory channel.

____ 20. Has a language problem (morphology, syntax, vocabulary, phonology).

____ 21. Has an articulation (phonology) problem.

____ 22. Cannot always relate what is heard to what is seen.

____ 23. Lacks motivation to learn.

____ 24. Displays slow or delayed response to verbal stimuli.

____ 25. Demonstrates below average performance in one or more academic area(s).

Scoring: Four percent credit for each numbered item not checked.

Number of items not checked _____ x 4 = _____.

Normative data - grade score from reverse side _____.