

Hospital Patient ID Sticker Here



High Risk Questionnaire • Newborn • Hearing Loss

Newborn's Information

Medical Record # _____ Name: _____
Last First Middle

Date of Birth ____/____/____ Sex: Female Male If multiple birth, born (1st, 2nd, 3rd) _____

Mother's Name _____
Last First Middle Cell Number

Infant will be living with _____

Address where infant will be living _____

Phone _____ Local primary health provider _____

Questionnaire

The following questions will help determine if the newborn is at risk for hearing loss. Check YES or NO for each question. If any part of the question can be answered YES, check YES. A newborn manifesting one or more items on the risk criteria below is considered at risk for hearing loss.

YES NO

- A. **Apgar**-Did the newborn have a 5 minute Apgar score less than 4? Fail to breathe spontaneously by 10 minutes? Have hypotonia persisting to 2 hours of age?
- B. **Bacterial meningitis** –Did the newborn have bacterial meningitis?
- C. **Congenital infections**-is the newborn suspected of having any of the following congenital infections? Circle number(s) 1. Toxoplasmosis 2. Rubella (German measles, 3 day or soft measles) 3. Herpes (systemic) 4. CMV (cytomegalovirus) 5. Other: _____
- D. **Defects about the head and neck** – Does the newborn have any birth defects involving the head, face, ears, or neck (e.g., cleft lip or palate, abnormality of the ear canal)?
- E. **Elevated bilirubin** – Did the newborn require an exchange blood transfusion for jaundice (Hyperbilirubinemia)?
- F. **Family history** of childhood hearing loss – Does anyone in the newborns family (living or deceased) have a history or difficulty hearing as a child? If yes circle
Mother Father Sibling Grandparent Aunt Uncle Cousin Other _____
- G. **Gram birth weight**-Was the newborn's birth weight less than 1500 grams (3lbs 5oz)?
- H. **NICU** – Was the newborn in the neonatal intensive care unit for more than 5 days or transferred to another hospital's NICU?
- I. **Ototoxic Medications** – Have ototoxic medications, including but not limited to aminoglycosides (gentamycin, tobramycin, kanamycin, streptomycin) been used for more than 5 days?
- J. **Prolonged mechanical ventilation** - ventilation for more than 10 days (persistent pulmonary hypertension)?
- K. **Stigmata** – Are there stigmata or other findings present which are associated with a syndrome know to include hearing loss (Waardenberg, Usher, Down Syndrome)?
- L. **Other** – please list _____

YES, risk factor(s) were identified. Diagnostic evaluation with a Pediatric Audiologist by 6 months of age is recommended for Newborns who have PASSED the hearing screen and have risk factors.

NO risk factors for hearing loss were identified at this screening. However, continue routine and periodic hearing screening during well checks. Newborn risk criteria for hearing loss do not identify all infants who will develop hearing impairments.

Questionnaire completed by: _____ Date Completed _____