

ALL INDIA INSTITUTE OF SPEECH AND HEARING

Manasagangothri, MYSORE - 570 006.

DEPARTMENT OF AUDIOLOGY

Checklist to be filled out by parents / guardians.

Name of the child

Name of the person filling out the form

Relationship to the child : Mother/Father/Grandmother / Grandfather/Brother

Sister or Friend or others (Specify)

Instructions : Each form is applicable to one child. If you need more forms, you may procure them from the above given address.

Read the following questions and circle 'Yes' or 'No'

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| 1 | Is any one in the (child's) family, on the father's side or mother's side, having a severe hearing problem since childhood ? | YES |
| 2 | Is any one in the (child's) father's family or mother's family having a speech problem ? | YES |
| 3 | Is any one in the (child's) father's family or mothers who has a cleft lip and / or cleft palate ? | YES |
| 4 | Does the child have ears which look different i.e., abnormal (too small, rather big, slightly away from where ears are normally found) | YES |
| 5 | Does the child have a cleft lip or cleft palate ? | YES |
| 6 | Is the child's jaw or tongue different i.e., abnormal ? | YES |
| 7 | Did the (child's) mother take any drugs during pregnancy ? | YES |
| 8 | Did the (child's) mother have illness such as measles, mumps, chicken pox, etc, during pregnancy ? | YES |
| 9 | Did the (child's) mother require treatment for conditions such as high/low blood pressure during pregnancy ? | YES |
| 10 | Did the (child's) mother notice bleeding during pregnancy ? | YES |
| 11 | Was the (child's) mother exposed to radiations, such as X-rays, during pregnancy ? | YES |
| 12 | Was the (child's) mother hospitalized for long prior to delivery of the child ? | YES |
| 13 | Did the child weigh much less than normal at the time of birth ? | YES |
| 14 | Was the child born prematurely ? By how many weeks ?
If yes, say the number. | YES |
| 15 | Was the child's appearance blue at the time of birth ? | YES |
| 16 | Did the child not cry immediately after birth but did so after some time ? | YES |
| 17 | Was the child given blood transfusion soon after birth ? | YES |
| 18 | Was the child's appearance yellow at the time of birth ? | YES |

If the answer to any one of the above questions is 'Yes'. then contact any Speech and Hearing Centre