Checklist to be Filled Out by Parents/Guardians

by Audiology 13

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CHARACTER COUNT 1778

ALL INDIA INSTITUTE OF SPEECH AND HEARI

Manasagangothri, MYSORE - 570 006.

DEPARTMENT OF AUDIOLOGY

	Observation to the desired over the manufacture of the second of the sec	
	Checklist to to 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		
mst	ructions: Each form is applicable to one child. If you need more forms, you may procure them from the above given address.	
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	d the following questions and circle 'Yes' or 'No'	VEC
1	Is any one in the (child's) family, on the father's side or mother's	YES
	side, having a severe hearing problem since childhood?	
2	Is any one in the (child's) father's family or mother's family	YES
	having a speech problem?	
3	Is any one in the (child's) father's family or mothers who has	YES
	a cleft lip and / or cleft palate ?	
4	Does the child have ears which look different i.e., abnormal (too	YES
	small, rather big, slightly away from where ears are normally found)	
5	Does the child have a cleft lip or cleft palate?	YES
6	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) mether have illness such as measles, mumps,	YES
	chicken pox, etc, during pregnancy?	
9	Did the (child's) mother require treatment for conditions such as	YES
	high/low blood pressure during pregnancy?	
10	Did the (child's) mother notice bleeding during pregnancy?	YES
11	Was the (child's) mother exposed to radiations, such as X-rays,	YES
	during pregnancy?	
12	Was the (child's) mother hospitalized for long prior to delivery	YES
	of the child?	
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?	YES
	If yes, say the number.	
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	YES
	some time ?	
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	

Checklist to be Filled Out by Parents/Guardians

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SIMILARITY INDEX

INTERNET SOURCES

PUBLICATIONS

STUDENT PAPERS

PRIMARY SOURCES



Submitted to All India Institute of Speech & Hearing

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Student Paper



Gross, Lynne Schafer, and R. Patricia Walsh. "Factors affecting parental control over children's television viewing: A pilot study", Journal of Broadcasting, 1980.

4%

Publication



projects.cbe.ab.ca

Internet Source

3%



Chang, Li-Ren, Yen-Nan Chiu, Yu-Yu Wu, and Susan Shur-Fen Gau. "Father's parenting and father—child relationship among children and adolescents with attention-deficit/hyperactivity disorder", Comprehensive Psychiatry, 2013. Publication

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