ALL INDIA INSTITUTE OF SPEECH AND HEARING

MYSORE - 570 006

DEPARTMENT OF PREVENTION OF COMMUNICATION DISORDER

High Risk Register (HRR) - For Medical Persons Screening for Communication Disorders in Children

Tips to use this register:

- *The questions in the high risk register (HRR) should be asked to parents/ caregivers of the child to screen for communication disorders in children due to hearing impairment, speech and language disorders.*

Birth to 1 month

	Risk factors	Yes	No
1	Was the marriage of the child's parents consanguinous?	☐	☐
2	Was there any family history of permanent disabilities in early childhood related to speech and hearing abilities? (E.g. Sensorineural Hearing Impairment, Delayed Speech and Language, Mental Retardation or Delayed Motor Milestones)	☐	☐
3	Did the child's mother suffer from any diseases during pregnancy such as Measles, Mumps, Chickenpox, Herpes, Syphilis, Cytomegalovirus, Rubella or Toxoplasmosis?	☐	☐
4	Was the child's mother hospitalized for long period prior to the delivery of the child?	☐	☐
5	Did the child's mother take any ototoxic medications for any illness during pregnancy?	☐	☐
6	Did the mother have hype tension during pregnancy or during delivery?	☐	☐
7	Was there any history of maternal intake of alcohol or tobacco during pregnancy?	☐	☐
8	Was there any history of psychological trauma to the mother during pregnancy?	☐	☐
9	Was there any history of sensory deprivation during pregnancy?	☐	☐
10	Was there any attempt of aborting the child?	☐	☐
11	Was the child born prematurely?	☐	☐
12	Was the delivery abnormal? (E.g. Breech presentation, Precipitated, Prolonged etc)	☐	☐
13	Was the baby's birth cry delayed?	☐	☐
14	Was the cry of the baby unusual?(E.g. High pitched, very weak cry etc)	☐	☐
15	Was there fetal distress and birth asphyxia?	☐	☐
16	Was the child's weight less than 2.5 kg at birth?	☐	☐
17	Did the child have hyperbilirubinemia at a serum level requiring exchange transfusion soon after birth?	☐	☐
18	Did the child have APGAR scores of 0-4 at 1 minute or 0-6 at 5 minutes?	☐	☐
19	Was there any craniofacial anomaly including those with structural anomalies of the pinna and ear canal?	☐	☐
20	Was the baby affected by bacterial meningitis, especially H. Influenza	☐	☐

- *Depending on the age of the child, appropriate section in the HRR should be used.*
- *The risk factors which are positive and the age at which it occurred should be recorded by the professional as 'Yes' or 'No'*

1 month to 3 years

	Risk factors	Yes	No
1	Did any one in the child's family have history of hearing impairment, delay in acquisition of speech and language skills/delay in physical development/mental retardation/any other speech & language disorder?	☐	☐
2	Did the child's mother have any infections such as Herpes, Syphilis, Cytomegalovirus, Rubella or Toxoplasmosis during pregnancy?	☐	☐
3	Did the child have hyperbilirubinemia at a serum level requiring exchange transfusion soon after birth?	☐	☐
4	Did the child have any craniofacial anomalies, including those with structural abnormalities of the pinna and ear canal?	☐	☐
5	Did the child have any of the conditions known to be associated with Sensori-neural Hearing Impairment such as Mumps, Measles, Bacterial meningitis, Viral encephalitis or Labyrinthitis?	☐	☐
6	Do you feel that child's speech and language is not age appropriate?	☐	☐
7	Is there any delay in the child's speech and language development or motor development?	☐	☐
8	Does the child have difficulty in comprehending speech?	☐	☐
9	Are the parents/caregivers concerned regarding the child's hearing, speech or developmental milestones?	☐	☐
10	Was there any history of inadequate or inappropriate stimulation by the family for the development of speech and language skills in the child?	☐	☐
11	Do you feel that child's speech and language is not age appropriate?	☐	☐
12	Did the child have any trauma associated with loss of consciousness, skull fracture, bleeding or discharge from ear following trauma?	☐	☐
13	Does the child have good comprehension for speech but cannot express through speech?	☐	☐
14	Did the child have any attack of convulsions or get hospitalized?	☐	☐
15	Did the child have recurrent or persistent Otitis media with middle ear effusion for at least 3 months?	☐	☐
16	Does the child have any difficulty in eye-hand coordination?	☐	☐
17	Was there any history of difficulties in gauging depth/distance of the object during the development of the child?	☐	☐

18	Does the child have poor postural ability/poor gait/abnormal gait?	☐	☐
19	Does the child have any problem in chewing, biting and swallowing?	☐	☐
20	Is the child hyperactive?	☐	☐
21	Does the child have hypo/hyper sensitivity towards touch, smell, sound, taste or people?	☐	☐
22	Does the child exhibit any behavioral problems?	☐	☐
23	Is the child poor in social skills?	☐	☐
24	Was there any period of dysfluency of speech between 2-3 years of age?	☐	☐
25	Does the child have hoarse/breathy/harsh/soft/very loud voice?	☐	☐
26	Does the child have poor reading writing problems?	☐	☐
27	Does the child have poor memory/concentration ability?	☐	☐
28	Is the child generally a slow learner?	☐	☐
29	Does the child produce errors while articulating speech sounds?	☐	☐

***NOTE*:** If the answer to any of the questions is 'YES', then the child may be at risk for speech, language & / or hearing disorder. Please refer this child for further evaluation to an Audiologist and Speech-Language Pathologist.

DEPARTMENT OF PREVENTION OF COMMUNICATION DISORDERS (POCD)

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