



PHILIPPINE ACADEMY OF NEUROTOLOGY, OTOTOLOGY & RELATED SCIENCES

A Study Group of the Philippine Society of Otolaryngology-Head & Neck Surgery

HEARING SCREENING PARENT QUESTIONNAIRE

Name of Baby
Date of Birth
Mothers Name
Home Address

Gender
Contact No

Please read each question carefully. Tick the appropriate answer (Yes or No) on the space provided before each question

YES NO

- ___ ___ 1. Was your child born of a term pregnancy?
- ___ ___ 2. Did your child have a good cry upon birth?
- ___ ___ 3. Was the complexion of your child pinkish upon birth?
- ___ ___ 4. Was the birth weight of your child more than 1.5 kilograms?
- ___ ___ 5. Was your child ever afflicted with meningitis?
- ___ ___ 6. Does your child have other congenital defects in the head & neck area like cleft lip or palate?
- ___ ___ 7. Does your child have any history of jaundice that required exchange transfusion?
- ___ ___ 8. Do you have relatives who have significant hearing impairment? Who?
- ___ ___ 9. Did the mother receive MMR vaccination prior to giving birth?
- ___ ___ 10. Did the mother have episodes of fever with accompanying rashes on the first trimester of pregnancy?
- ___ ___ 11. Was there an instance that the other had been exposed to anyone with fever and rashes?
- ___ ___ 12. Did the mother have any of the following symptoms?
 - ___ ___ a. Fever
 - ___ ___ b. Rashes
 - ___ ___ c. Haedache
 - ___ ___ d. Anorexia
 - ___ ___ e. Weakness
- ___ ___ 13. Does your child have any of the following?
 - ___ ___ a. Deafness
 - ___ ___ b. Blurred vision secondary to cataract
 - ___ ___ c. Congenital heart defects
 - ___ ___ d. Any other developmental defects
 - ___ ___ e. Mental retardation
- ___ ___ 14. Does your child have delays in learning to speak?
- ___ ___ 15. Does your child react to loud sounds?
- ___ ___ 16. Does your child respond to your calls?
- ___ ___ 17. Does your child have any other defects in the ears?
- ___ ___ 18. Did your child suffer any trauma to the head and ears?
- ___ ___ 19. Was there any consultation or work-ups done to the hearing of your child?

Date _____ **Name & Signature of Parent** _____