



**HEARING QUESTIONNAIRE**

CHILD'S NAME:	DOB:
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Do you have concerns or questions about your child's development?		Yes		No
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If so, what?

Was your child born premature?		Yes		No
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If so, how early?

***TDH (Hearing the Sounds of Texas)***

Do you have concerns about your child's hearing?		Yes		No
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Has your child had an ear condition which has been treated and corrected?		Yes		No
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If so, what?

Date and Child's Age					
<b>Age</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Questions</b>
0-3 Months	Yes	No	Yes	No	Does your baby get quiet for a moment when you talk to him/her?
	Yes	No	Yes	No	Does your baby act startled or stop moving for a moment when there are sudden loud noises?

Date and Child's Age					
<b>Age</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Questions</b>
4-6 Months	Yes	No	Yes	No	Does your baby turn his/her eyes or head to the sound of your voice if he/she can't see you?
	Yes	No	Yes	No	Does your baby smile or stop crying when you or someone else he/she knows speaks?

Date and Child's Age					
<b>Age</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Questions</b>
7-9 Months	Yes	No	Yes	No	Does your baby stop and pay attention when you say "no" or call his/her name?
	Yes	No	Yes	No	Does your baby move his/her head around to try to find out where a new sound is coming from?
	Yes	No	Yes	No	Does your baby make strings of sounds ("ba ba ba, da da da")?

Date and Child's Age					
<b>Age</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Questions</b>
10-15 Months	Yes	No	Yes	No	Does your baby give you toys or other objects (bottle) when you ask, without your having to use a gesture (holding out your hand or pointing)?
	Yes	No	Yes	No	Does your baby point to familiar objects if you ask ("dog", "light")?

Date and Child's Age					
<b>Age</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Questions</b>
16-24 Months	Yes	No	Yes	No	Does your child use his/her voice most of the time to get what he/she wants or to communicate with you?
	Yes	No	Yes	No	Can your child get familiar objects that are kept in a regular place if you ask him/her ("Get your shoes.")?

Date and Child's Age					
<b>Age</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Questions</b>
25-36 Months	Yes	No	Yes	No	Does your child answer different kinds of questions ("when...", "who ...", "what ...")?
	Yes	No	Yes	No	Does your child notice different sounds (telephone ringing, shouting, doorbell)?

Revised August 2009

Form in accordance with Periodicity Chart