DEPARTMENT OF HEALTH

Child and Family Hearing History and *JCIH Risk Assessment Questionnaire

Child's Name: _____ Parent/Caregiver Name: _____

Age/DOB: _____ Date: _____

* JCIH Risk Assessment questions for the initial visit for all children under 3 years of age.

Child and Family Hearing History (Circle Yes or No as it applies to child or family member)	YES	NO
Were birthmother, father, or child's siblings told they have permanent hearing loss in childhood? *	YES	NO
After the birth, was your child in the intensive care more than 5 days? *	YES	NO
Did your child have jaundice requiring a blood transfusion after birth? *	YES	NO
Were you told your child was given medicine after birth that might harm their hearing? *	YES	NO
Were you told your child had encephalopathy after birth because of low oxygen levels? *	YES	NO
Was your child on a special ventilator called ECMO after birth? *	YES	NO
Did birthmother have an infection during pregnancy: zika virus, cytomegalovirus (CMV), varicella, herpes, rubella, syphilis, or toxoplasmosis? *	YES	NO
Does your child have: Craniofacial or temporal bone anomalies, if so, what are they? *	YES	NO
Does your child have congenital microcephaly, congenital, or acquired hydrocephalus? *	YES	NO
Have you been told your child has a syndrome that could possibly cause hearing loss? *	YES	NO

*JCIH Risk Assessment Recent History: Parent/ caregiver reviews at every visit and notes changes:

Child's Postnatal History (Circle Yes or No as it applies to your child)	YES	NO
Has your child had an illness such as meningitis or encephalitis? *	YES	NO
Has your child had head trauma, concussion, skull fracture or chemotherapy? *	YES	NO
Do you have concerns about your child's ears/hearing, speech, language, or development? *	YES	NO
Does your child have history of many ear infections and /or tubes?	YES	NO

Parent/Caregiver Observations: Parent/Caregiver reviews at every visit and notes changes:	YES	NO
Have you seen your child…		
…Tugging at ear(s)?	YES	NO
…Complaints of pain, fullness, noise in the ears, drainage in ear, cannot hear?	YES	NO
…Is inattentive to conversation or …asks to have things repeated?	YES	NO
…Watches speaker's lips or turns side of head towards the speaker?	YES	NO
…Shows strain when listening? …Talks too loudly or softly? …Or has a speech problem?	YES	NO
…Makes frequent mistakes following directions? Tends to be passive?	YES	NO

*Joint Committee on Infant Hearing (JCIH) Risk Factors, 2019: Any child with a risk factor which has not been screened by and audiologist should be referred to one.

Refer for an audiological evaluation:

- Any newly identified parent concern
- Any child with a risk factor which has not been screened previously by an audiologist

Refer: Any complaints or concerns should be referred to their primary care provider to determine appropriate treatments or referrals.

Pass: Child has no risk factors for hearing loss and does not need a referral

Minnesota Department of Health
Child and Teen Checkups
651-201-3650
health.childteencheckups@state.mn.us
www.health.state.mn.us

01/2022

To obtain this information in a different format, call: 651-201-3650.