

# Hearing Checklist for Parents

## Client Information

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 SSN/Record No.: \_\_\_\_\_  
 Race/Ethnicity: \_\_\_\_\_  
 Informant/Relationship: \_\_\_\_\_  
 Medical Home: \_\_\_\_\_

Age 0 to 3 Yrs	Yes	No	
<b>0 to 3 months</b>	<input type="checkbox"/>	<input type="checkbox"/>	Does your baby get quiet for a moment when you talk to him/her?
	<input type="checkbox"/>	<input type="checkbox"/>	Does your baby act startled or stop moving for a moment when there are sudden loud noises?
<b>4 to 6 months</b>	<input type="checkbox"/>	<input type="checkbox"/>	Does your baby turn his/her eyes or head to the sound of your voice if he/she cannot see you?
	<input type="checkbox"/>	<input type="checkbox"/>	Does your baby smile or stop crying when you or someone else he/she knows speaks?
<b>7 to 9 months</b>	<input type="checkbox"/>	<input type="checkbox"/>	Does your baby stop and pay attention when you say "no" or call his/her name?
	<input type="checkbox"/>	<input type="checkbox"/>	Does your baby move his/her head around to try and find out where a new sound is coming from?
	<input type="checkbox"/>	<input type="checkbox"/>	Does your baby make strings of sounds ("ba ba ba, da da da")?
<b>10 to 15 months</b>	<input type="checkbox"/>	<input type="checkbox"/>	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)?
	<input type="checkbox"/>	<input type="checkbox"/>	Does your baby point to familiar objects if you ask ("dog," "light")?
<b>16 to 24 months</b>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child use his/her voice most of the time to get what he/she wants or to communicate with you?
	<input type="checkbox"/>	<input type="checkbox"/>	Can your child go get familiar objects that are kept in a regular place if you ask him/her ("Get your shoes.")?
<b>25 to 36 months</b>	<input type="checkbox"/>	<input type="checkbox"/>	Does your child answer different kinds of questions ("When...," "Who...," "What...")?
	<input type="checkbox"/>	<input type="checkbox"/>	Does your child notice different sounds (telephone ringing, shouting, doorbell)?

**If you answered "no" to any of the above questions, ask your doctor about a hearing test for your baby. Babies can be tested as soon as the day of birth.**

Date of visit	Age	Result	Signature of Provider
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