



BabyNet

South Carolina's Early Intervention System

Family Hearing & Vision Questionnaire

SECTION I: GENERAL INFORMATION

Child's Name _____ Date of Birth _____

Interviewer's Name/Agency _____

Date of Questionnaire _____

Purpose of Questionnaire:

- Initial IFSP
 1st Annual IFSP
 2nd Annual IFSP
 3rd Annual IFSP

These questions can be asked at any review, but are **required at the initial and annual review.*

In the last six months, has the child had a vision screening due to a vision concern?

- YES: Normal Abnormal

(If "yes/normal", complete CBA.)

(If "yes/abnormal", complete CBA and a consult with an SCSDB Regional Services Coordinator is required.)

- NO (Complete CBA and confirm with caregiver that child is not yet due for an ophthalmologic follow-up)

Name of ophthalmologist: _____

Date of contact with SCSDB Regional Services Coordinator _____

SCSDB Regional Services Coordinator's Name _____

Consult results: _____

In the last six months, has the child had a hearing screening, including a Newborn Hearing Screening due to a hearing concern?

- YES: Normal Abnormal

(If "yes/normal", complete CBA.)

(If "yes/abnormal", complete CBA and a consult with an SCSDB Regional Services Coordinator is required.)

- NO (Complete CBA and confirm with caregiver that child is not yet due for an audiological follow up).

Name of audiologist/ENT: _____

Date of contact with SCSSB Regional Services Coordinator _____

SCSSB Regional Services Coordinator's Name _____

Consult results: _____

SECTION II: ESTABLISHED CONDITIONS FOR BABYNET ELIGIBILITY

Please check any of the following conditions that have been diagnosed by a physician.

HEARING

- | | |
|--|---|
| <input type="checkbox"/> Agenesis of corpus callosum | <input type="checkbox"/> Microtia |
| <input type="checkbox"/> Auditory atresia | <input type="checkbox"/> Stickler syndrome |
| <input type="checkbox"/> Auditory neuropathy | <input type="checkbox"/> Waardenburg syndrome |
| <input type="checkbox"/> Branchiootorenal (BOR)/Meinick-Fraser | |
| <input type="checkbox"/> Hearing loss \geq 20 dB | |

VISION

- Albinism
- Anophthalmia
- Bilateral optic nerve coloboma
- Bilateral retinal detachment w/ blindness
- Bilateral visual acuity \leq 20/70 corrected vision best eye
- Cataracts w/ visual impairment
- Cortical blindness
- Glaucoma w/ visual impairment
- Lebers amaurosis
- Mobius syndrome
- Optic nerve atrophy
- Retinitis pigmentosa
- Retinoblastoma
- ROP stages 4 and 5
- Septo-optic dysplasia
- Stickler syndrome

If you have checked any of the boxes above, refer to SCADB for initial service coordination (these children are automatically eligible for BabyNet services).

SECTION III: HIGH RISK FACTORS ASSOCIATED WITH HEARING AND VISION LOSS

If any of these boxes are checked, caregivers should discuss concerns with primary care physician. Do not refer to SCADB based on the following risk factors.

A. Medical Factors

- Family history of hearing loss
- Prenatal exposure to maternal infections (toxoplasmosis, syphilis, rubella, cytomegalovirus, herpes)
- Prenatal exposure to maternal drug abuse
- Hyperbilirubinemia level (jaundice) requiring transfusion
- Apgar score of 3 or less (at 5 minutes after birth)
- Prolonged medical ventilation (more than 10 days)
- Meningitis
- More than one course of ototoxic medication
- Head trauma
- Seizures or neurodegenerative disorder (i.e. mitochondrial disease)
- Otitis media (recurring ear aches or ear infections)/pulls on ears or puts hands over ears
- Excessive discharge from the ears
- Constant tears (when child is not crying)

B. Syndromes/Conditions Associated with Hearing or Vision Concerns

- | | | |
|--|---|--|
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Trisomy 18 | <input type="checkbox"/> Dandy Walker Syndrome |
| <input type="checkbox"/> Turner Syndrome | <input type="checkbox"/> Trisomy 13 | <input type="checkbox"/> Congenital Brain Malformation |
| <input type="checkbox"/> Williams Syndrome | <input type="checkbox"/> CHARGE Syndrome | <input type="checkbox"/> Cytomegalovirus (CMV) |
| <input type="checkbox"/> Wolfe-Hirschhorn Syndrome | <input type="checkbox"/> Shaken Baby Syndrome | |
| <input type="checkbox"/> Prader-Willi Syndrome | | |
| <input type="checkbox"/> Osteogenesis Imperfecta | | |
| <input type="checkbox"/> Smith-Magenis Syndrome | | |
| <input type="checkbox"/> Fetal Alcohol Syndrome | | |

C. Physical Appearance

- Cleft lip and palate
- Horizontal or vertical rapid eye movements (nystagmus)
- Eyes appear crossed to cross or turn outward, inward, upward, or downward
- Eyes do not move in together or in unison
- Absence of a clear black pupil
- Hazy cornea or whitish pupil
- Constant redness of the white conjunctiva

- Constant inflamed, encrusted, or watery eyes (infections occur often)
- Constant swelling of the eyes
- Sagging of an eyelid that blocks the pupil
- Visible irregularities in the shape, size, or structure of the eyes (keyhole pupil)

D. HEARING:

Atypical Listening Behaviors

- Frequently does not respond to caregivers calling his/her name
- Shows a preference for certain types of sounds
- Makes few or inconsistent responses to sounds

Atypical Vocal Behaviors

- Has limited vocalizations
- Has an abnormality in voice, intonation (pitch), or articulation
- Shows a delay in language development

E. VISION:

Atypical Vision Behaviors

- Absence of eye contact (by age 3 months)
- Poor visual fixation or tracking (by age 3 months)
- Squints eyes when outside or inside
- Great discomfort in reaction to bright light (photophobia)
- Tilts head when looking
- Does not notice people or objects when placed in certain areas
- Does not reach or inaccuracy when reaching for toys/objects
- Cannot find dropped toy
- Eyes burn, itch, or feel scratchy
- Eye poking, rocking, or staring at lights
- Sleeps for short times only, and then wakes up rubbing eyes and/or complaining of pain in the eyes
- Over or under reaches on curbs or steps