

Babies First! Vision & Hearing Screening Parent/Caregiver Questionnaire & Assessment Tool

Child's Name _____ D.O.B. _____
Screening Date: _____ Child's Age at Screening: _____
Nurse Evaluator _____ Site of Screening _____

Instructions:

If completion of the ASQ-3 indicates that the child has a potential hearing or vision problem and/or the parent/caregiver has expressed concerns that are captured on the "Overall Questions" section of the ASQ-3 questionnaire, then you may proceed with implementation of this screening questionnaire as part of an additional assessment. The goal is to gather additional information before referral.

General History: Risk Indicators for Hearing and Vision Problems*

- NICU care of > 5 days, or any of following regardless of length of stay: assisted ventilation, ototoxic medications, exchange transfusion, and extracorporeal membrane oxygenation (ECMO)
- Intra-uterine TORCH infections which include toxoplasmosis, syphilis, varicella, mumps, parovirus, HIV, rubella, cytomegalovirus (CMV), and herpes simplex
- Craniofacial anomalies, especially those involving the pinna, ear canal, ear tags, ear pits and temporal bone anomalies.
- Physical findings associated with a syndrome known to include permanent hearing loss.
- Syndromes associated with progressive hearing loss such as neurofibromatosis, osteopetrosis, and Usher's syndrome.
- Neurodegenerative disorders, such as Hunter syndrome.
- Postnatal infections associated with sensorineural hearing loss, especially bacterial meningitis.
- Head trauma requiring hospitalization
- Chemotherapy
- Family History of permanent childhood vision loss, vision problems such as congenital cataracts, retinoblastoma, metabolic or genetic diseases, eye crossing, and color vision problems.
- Prematurity (risk for vision problems associated with babies < 3 pounds at birth)
- Significant developmental delay or neurologic difficulties
- Cerebral Palsy

*(Hearing Risk Indicators, Joint Commission on Infant Hearing (JCIH), 2007 and American Academy of Pediatrics Policy Statement, Eye Examination in Infants, Children and Young Adults, 2007

Visual Screening Procedures

Appearance of eyes:

Clear and free of matter If not, describe _____
Aligned If not, describe _____

Check any of the following observed: (Circle if Present)

Nystagmus – Involuntary, rapid, jerky movements of the eye _____

Cataract – Clouding of the lens: Left eye Right eye

Ptosis – Drooping of the upper eye lid: Left eye Right eye

Pupillary Response:

Reactive to light	Left eye	Right eye
Equal in size	Yes	No

Fixation and Tracking Skills: (Are covered on ASQ-3 Questionnaires: 2mo. & 4 mo. under “Problem Solving” section)

Muscle Balance Tests:

Corneal Reflection Test (*This is a gross assessment of eye alignment, valid after 3 months of age*)

Shine light between eyes aiming at forehead with child looking at penlight. Note placement of reflection in each cornea. Reflected light should be centered in each cornea.

Right eye.....	Centered	Temporal	Nasal
Left eye.....	Centered	Temporal	Nasal

Cover Test: (*This assessment is more accurate than the corneal reflection test, but requires more cooperation from the child*)

Place an occluder (spoon, index card) in front of one eye while you attract the child’s attention with a toy. Move occluder across bridge of nose to other eye. Note any fixational movement in newly uncovered eye as it picks up fixation. Movement can indicate an eye alignment problem.

Right eye.....	No Movement	Movement
Left eye.....	No Movement	Movement

Vision and Hearing Screening Results and Recommendations

_____ Refer to Provider if there is poor performance on any of the above vision assessments and/or the family continues to be concerned about the child’s visual performance.

_____ All children should have a visual acuity test starting at age 36 months; refer to Provider.

_____ All infants with a confirmed hearing loss should have at least one exam by an ophthalmologist experienced in evaluating infants; refer to Provider.

_____ For children identified with risk factors for hearing loss, please note the Updated 2007 JCIH Position Statement for audiology follow-up of infants with risk factors:

“The timing and number of hearing re-evaluations for children with risk factors should be customized and individualized depending on the relative likelihood of a subsequent delayed-onset hearing loss. Infants who pass the neonatal screening but have a risk factor should have at least 1 diagnostic audiology assessment by 24 to 30 mos. of age. Early and more frequent assessment may be indicated for children with CMV, syndromes associated with progressive hearing loss, neurodegenerative disorders, trauma, or culture-positive postnatal infections associated with sensorineural hearing loss; for children who have received ECMO or chemotherapy; and when there is caregiver concern or a family history of hearing loss.”*

*Hearing Risk Indicators, Joint Commission on Infant Hearing (JCIH), 2007