Three-ProngedApproach (TPA)

I. Parent Interview Questions Related to Vision and Hearing

In your first conversations with families you typically ask a lot of open-ended questions to help assess a child's and family's needs. Responses to these questions, in addition to information in a child's medical records, can alert you to look carefully at a child's vision and hearing.

Name of Child:

Question:		Listen for Risk Factors (check all that apply):
1.	Do you have any concerns about the way your child responds when you talk to him/her, or about how your child is learning to talk? No Yes Do you have any concerns about the way your child looks at you, or at toys/books, or watches TV? No Yes	If yes, describe parent's/caregiver's concerns in their own words:
		Family/caregiver concerns regarding a child's vision, eye contact, hearing, speech/language development, or regression of development warrant immediate referral for further evaluation.
2.	Has anyone in your family been deaf or hard of hearing, or blind/low vision, since a young age? No Yes Don't Know	If yes: ☐ Vision ☐ Hearing Which family member? • Family history of blindness/low vision, or of early, progressive, or delayed onset permanent childhood deafness*, constitutes a risk factor.
3.	What were the results of the final newborn hearing screening? Pass Missed/not done Did not pass/refer Unknown	If results were "Did not pass/refer," "Unknown," or "Missed": Refer child for follow-up hearing services. A child who has not passed two hearing screenings should be referred to pediatric audiology. To locate hearing services: www.doh.wa.gov/hearingscreening Results of newborn hearing screening are valid for 1 year.
4.	Has your child had any ear infections? ☐ No ☐ Yes ☐ Don't Know	Recurrent, chronic middle ear infections can cause fluctuating hearing levels that can result in speech/language delays.

Question:		Listen for Risk Factors (check all that apply):
(Has your child ever seen an eye doctor (i.e., optometrist or ophthalmologist)? □ No □ Yes □ Don't Know	If yes, describe in the parent's/caregiver's own words:
) 1 1 1 1 1 1 1	How would you describe your child's birth? Was your baby full-term or premature? Full-term Premature Number of weeks: Were there complications before, during, or immediately after the birth? No Yes Did your baby spend time in meonatal intensive care (NICU), etc.? No Yes Don't Know	 NICU stay, any length, especially if infant required: Extra-corporeal membrane oxygenation (ECMO)*, assistance with breathing, exposure to "loop diuretics" or to ototoxic medications (e.g., gentamicin, streptomycin), and/or had neurological complications (e.g., periventricular leukomalacia (PVL) or seizures). Perinatal asphyxia (oxygen deprivation) or hypoxic ischemic encephalopathy (HIE) increases risk for cortical visual impairment (CVI) and elevated hearing thresholds. Hyperbilirubinemia (extreme jaundice), especially with transfusion, increases risk for sensorineural deafness; if untreated, brain damage and visual issues can result. In-utero infections such as herpes, rubella, syphilis, cytomegalovirus (CMV)*, toxoplasmosis, or Zika. Aminoglycosides administered for > 5 days (e.g., gentamicin, amikacin, tobramycin, streptomycin, kanamycin) can cause side effects including deafness, vestibular toxicity, and loss of visual function.
	Has the baby been diagnosed with a syndrome or genetic disorder? No Yes Don't Know	More than 400 syndromes/genetic disorders are associated with atypical hearing and/or vision. Examples include: Alport, CHARGE, Down syndrome, Fetal Alcohol Syndrome, Goldenhar, Hurler, Jervell Lange-Nielson, Norrie, Pendred, Refsum, Trisomy 13, Usher, and Waardenburg.
s k	Since birth, has the baby had any serious infections such as bacterial or viral meningitis, or encephalitis? No Yes Don't Know	Serious infections, especially herpes viruses and varicella, hemophilus influenza, and pneumococcal meningitis are associated with atypical hearing and vision.

Question:				Listen for Risk Factors (check all that apply):
9.	Since birth, has the child sufffered significant head trauma (accidental or non-accidental), or non-fatal drowning with brain damage due to lack of oxygen? No Yes Don't Know		rauma i-accidental), or g with brain ck of oxygen?	If yes, describe in parent's/caregiver's own words:
				 Injury to the eye can cause damage to eye structures including retinal detachment. Injury to the mastoid (area of skull behind ear) can cause deafness. Brain damage from trauma or oxygen deprivation can cause vision or hearing processing disorders.
10.		irth, has th one treatm □ Yes	ne child ent for cancer?	If yes, describe in parent's/caregiver's own words:
				Some chemotherapeutic drugs (e.g., platinum-based drugs such as cisplatin, carboplatin) and radiation can damage the inner ear. Radiation also can injure eye structures and vestibular system.

Additional notes and comments if needed.

^{*}Items with asterisk indicate risk for progressive change in hearing levels, requiring more frequent monitoring of hearing.