<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Maybe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the child have vision problems?</td>
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<tr>
<td>2. Does the child have hearing problems?</td>
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<tr>
<td>3. Does the child have any other health issues?</td>
<td></td>
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<tr>
<td>4. Does the child have any developmental delays?</td>
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<tr>
<td>5. Does the child have any learning difficulties?</td>
<td></td>
<td></td>
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<tr>
<td>6. Does the child have any other concerns?</td>
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</tbody>
</table>

**NICU Baby:**
- Does the baby have difficulty breathing? (HME)
- Does the baby have any other concerns? (HME)

**EOMO:**
- Does the baby have difficulty swallowing? (HME)
- Does the baby have any other concerns? (HME)

**Newborn:**
- Does the baby have difficulty breathing? (HME)
- Does the baby have any other concerns? (HME)

**Infant:**
- Does the child have difficulty breathing? (HME)
- Does the child have any other concerns? (HME)

**Toddler:**
- Does the child have difficulty breathing? (HME)
- Does the child have any other concerns? (HME)

**Child:**
- Does the child have difficulty breathing? (HME)
- Does the child have any other concerns? (HME)

**Adolescent:**
- Does the child have difficulty breathing? (HME)
- Does the child have any other concerns? (HME)

**Adult:**
- Does the child have difficulty breathing? (HME)
- Does the child have any other concerns? (HME)

**Senior:**
- Does the child have difficulty breathing? (HME)
- Does the child have any other concerns? (HME)

**To Client:**
- Does the child have difficulty breathing? (HME)
- Does the child have any other concerns? (HME)

**Website:**
- www.wa.gov/hearingscreening

**Phone Number:**
- 1-800-562-6789

**Contact:**
- Vision and Hearing
<table>
<thead>
<tr>
<th>#</th>
<th>Three-Pronged Approach (TPA) Parent Interview Questions Related to Vision and Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>¿Cómo sabe usted si tiene problemas con la audición?</td>
</tr>
<tr>
<td>7</td>
<td>¿Cuál es el diagnóstico de su hijo?</td>
</tr>
<tr>
<td>8</td>
<td>¿Cuál es la edad de su hijo?</td>
</tr>
<tr>
<td>9</td>
<td>¿Cuál es el tratamiento actual de su hijo?</td>
</tr>
<tr>
<td>10</td>
<td>¿Cuál es la edad de su hijo?</td>
</tr>
</tbody>
</table>

*El producto final debe ser leído en árabe, pero no se proporciona el contenido en árabe.*