



ALL INDIA INSTITUTE OF SPEECH AND HEARING

MYSORE - 570 006

DEPARTMENT OF PREVENTION OF COMMUNICATION DISORDER

**High Risk Register (HRR) - For Non-Medical Persons
Screening for Communication Disorders in Children**



Tips to use this register:

- The questions in the high risk register (HRR) should be asked to parents/ caregivers of the child to screen for communication disorders in children due to hearing impairment, speech and language disorders.

Birth to 1month

	<i>Risk Factors</i>	Yes	No
1	Are the parents of the child blood relatives?	<input type="checkbox"/>	<input type="checkbox"/>
2	Did any one in the child's family have history of hearing impairment, delay in acquisition of speech and language skills and/or mental retardation?	<input type="checkbox"/>	<input type="checkbox"/>
3	Did the child's mother have any serious illness during pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>
4	Did the child's mother take any Mycin group of medicines during pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>
5	Did the child's mother take any ototoxic drugs for illness during pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>
6	Was there any history of maternal intake of alcohol or tobacco during pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>
7	Was there any history of psychological trauma to the mother during pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>
8	Was there any attempt made for aborting the child?	<input type="checkbox"/>	<input type="checkbox"/>
9	Was the baby born before the due date given by the doctor (before 36 weeks from last menstrual period)?	<input type="checkbox"/>	<input type="checkbox"/>
10	Did the child cry immediately after birth?	<input type="checkbox"/>	<input type="checkbox"/>
11	Did the child have jaundice after birth?	<input type="checkbox"/>	<input type="checkbox"/>
12	If the answer to question No: 11 is 'yes', was phototherapy given for the same?	<input type="checkbox"/>	<input type="checkbox"/>
13	Was the child's weight low at birth (less than 2.5 kg)?	<input type="checkbox"/>	<input type="checkbox"/>
14	Was there any defect of the head, ears, lips, eyes or other facial structures when the child was born?	<input type="checkbox"/>	<input type="checkbox"/>
15	Was the child kept in hospital for treatment after birth?	<input type="checkbox"/>	<input type="checkbox"/>
16	Did the child have any difficulty in feeding /refused to feed?	<input type="checkbox"/>	<input type="checkbox"/>
17	Did the child cry excessively/most often?	<input type="checkbox"/>	<input type="checkbox"/>

- Depending on the age of the child, appropriate section in the HRR should be used.
- The risk factors which are positive and the age at which it occurred should be recorded by the professional as 'Yes' or 'No'

1 month to 3 years

	<i>Risk Factors</i>	Yes	No
1	Did any one in the child's family have history of hearing impairment, delay in acquisition of speech and language skills/delay in physical development/mental retardation/any other speech & language disorder?	<input type="checkbox"/>	<input type="checkbox"/>
2	Did the child's mother have any infections during pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>
3	Did the child's skin appear yellow when born?	<input type="checkbox"/>	<input type="checkbox"/>
4	Was there any defect of the head and face when the child was born?	<input type="checkbox"/>	<input type="checkbox"/>
5	Did the child have brain fever, measles or mumps?	<input type="checkbox"/>	<input type="checkbox"/>
6	Did the child have any deformities in the face/ear and ear canal?	<input type="checkbox"/>	<input type="checkbox"/>
7	If the answer to the question No: 6 is 'yes', did the child undergo any surgery for the same?	<input type="checkbox"/>	<input type="checkbox"/>
8	Do you feel that child's speech and language is not appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
9	Does the child have difficulty following the commands?	<input type="checkbox"/>	<input type="checkbox"/>
10	Are the parents/caregivers concerned regarding the child's hearing, speech or overall development of the child?	<input type="checkbox"/>	<input type="checkbox"/>
11	Was there any history of inadequate or inappropriate stimulation by the family for the development of speech and language skills in the child?	<input type="checkbox"/>	<input type="checkbox"/>
12	Did the child have head injury associated with loss of consciousness, skull fracture, bleeding or discharge from ear following injury?	<input type="checkbox"/>	<input type="checkbox"/>
13	Did the child have a history of convulsions?	<input type="checkbox"/>	<input type="checkbox"/>
14	Did the child have ear discharge for at least 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
15	Does the child have any difficulty in reaching or manipulating toys (E.g. building blocks or threading of beads)	<input type="checkbox"/>	<input type="checkbox"/>

1 month to 3 years

	<i>Risk Factors</i>	Yes	No
16	Does the child have any problem in chewing, biting and swallowing?	<input type="checkbox"/>	<input type="checkbox"/>
17	Does the child look over active?	<input type="checkbox"/>	<input type="checkbox"/>
18	Does the child have any unusual liking towards objects, people, sound texture, taste, or smell?	<input type="checkbox"/>	<input type="checkbox"/>
19	Does the child exhibit any behavioral problem?	<input type="checkbox"/>	<input type="checkbox"/>
20	Was there any period of dysfluency of speech between 2-3 years of age?	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If the answer to any of the questions is 'YES', then the child may be at risk for speech, language &/or hearing disorder. Please refer this child for further evaluation to an Audiologist and Speech-Language Pathologist.

DEPARTMENT OF PREVENTION OF COMMUNICATION DISORDERS (POCD) ALL INDIA INSTITUTE OF SPEECH & HEARING

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