

Before your child's 3 year health check

Print a translated copy of the Parent Evaluation of Developmental Status (PEDS) form from the website (to be inserted) and fill it in before your visit, or ask your child health nurse to help you.

Hearing risk factors to be completed from 3 years

	Yes	No	Unsure
Are you worried about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past year, has your child had more than four ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a constant cold and/or green runny nose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past year, has your child had a discharging ear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During a cold, does your child have trouble hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child often ask you to repeat things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have difficulty following instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child speak clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child use groups of words when speaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child follow directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child take an active part in conversations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can your child tell where a sound comes from?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your child answers to questions often inappropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child respond slowly to instructions, watch and follow other children's cues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child school attendance poor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child often turn one ear towards the speaker or sound source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child inattentive or disruptive in class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child frequently misunderstand or misinterpret oral instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child wait for cues from peers rather than the teacher before attempting tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child refuse to participate in activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child appear to be a loner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vision

Are you concerned about your child's vision?

Does he have a turned or lazy eye (squint or strabismus)?

Does she have difficulty seeing small objects?

Does he show interest in objects far away, eg aeroplanes and flying birds?

Does anyone in the family have vision problems?

If the answer to any of these questions is yes, tell your doctor or child and family health nurse

Outcome Normal Refer Review