

Appendix A.5

Other Large Scale Studies

*** The following items were fielded as part of other large scale studies**

***Note.** These items were fielded as part of the Third National Health and Nutrition Examination Survey (NHANES III).

Did -receive any newborn care in an intensive care unit, premature / nursery, or any other type of special care facility? [yes/no]

How much did -weigh at birth? (if don't know then ask)

Did -weigh more than 5-1/2 pounds (2500 grams) or less?

Did -weigh more than 9 pounds.(4100 grams) or less?

Was child born at term (40 weeks), before term (less than 40 weeks) or after term (after 40 weeks)?

If before term, how many weeks before?

If after term, how many weeks after?

***Note.** These items were fielded as part of the Missouri Maternal and Infant Health Study

When did this child speak his/her first words (other than ma-ma or da-da)

6 to 8 months

9 to 12 months

13 to 18 months

19 to 24 months

after 24 months

don't know

When did this child begin to use two-word sentences?

12 to 18 months

19 to 24 months

25 to 30 months

31 to 36 months

after 36 months

don't know

In your opinion, does this child have a problem in any of the areas -listed below?

If you think that the child has a problem in any of -these areas, please rate how severe you think the problem is –

no problem; mild problem; moderate problem; severe problem; or don't know

pays attention, listens

can hear speech and other sounds

makes the speech sounds correctly

talks without stuttering

understands what people mean

knows the right words to use

puts the right endings on words

knows how to put words together to say sentences

Indicate if these describe this child now or at some time in the past.

Never; in the past but not now; yes – now; or don't know

a lot of coughing and throat clearing

usually has a hoarse, raspy, or breathy voice

talks too loudly

talks too softly

has a problem chewing

has a problem swallowing

stutters

has difficulty expressing him/herself for his/her age

does not pay attention to spoken language

has experienced a sudden interruption in speech/language development

Do you think that this child has a speech, language, or hearing problem? [yes/no]

Have you ever been told by a health or education professional that this child had a speech, language, or hearing problem? [yes/no]

If YES, what kind of communication problem was it? (mark all that apply)

a problem speaking

a problem learning language

a problem hearing

Has this child ever received speech-language therapy? [yes/no]

If YES, how old was he/she when speech-language therapy began?

0-2 years

3-4 years

5-6 years

7-9 years

don't know

If YES, for how long did he/she receive speech-language therapy?

Less than a year

1-2 years

2-3 years

2-4 years

More than 4 years

Are there any blood (biological) relatives of this child who have or have had speech, language, hearing, or learning problems? [yes/no]

If YES, indicate which blood (biological) relative and type of problem he/she experienced.

	Mother	Father	Brothers or Sisters	Grandparents	Aunt or Uncles
Hearing loss					
Stuttering					
Other Speech Impairment					
Language impairment					
Reading/ learning disability					
Needed special classes					

Did/does this child have any of the following (mark all that apply) [yes/no]

- cleft palate
- abnormalities of the face or head
- Malformation of the ear
- other , specify

As an infant, did this child have difficulty sucking or swallowing? [yes/no]

Has this child ever had hearing checked by a hearing specialist (an audiologist)? [yes/no]

If YES , what were the results?

normal hearing

hearing loss

don't know

Does this child wear a hearing aid? [yes/no]

If YES , at what age did he/she begin to wear a hearing aid?

before one year

1 year old

2 years old

3 years old

4 years old

5 years old

6 years old

7 years old

8 years old

9 years old

don't know

Does this child have special seating in the classroom so that he/she can hear the teacher better? [yes/no]

At what age did this child take his/her first steps without support?

6-9 months

10-12 months

13-15 months

16-18 months

After 18 months

Don't know

Has this child ever received physical therapy? [yes/no]

Has this child ever received occupational therapy? [yes/no]

In general, how would you rate this child's health since birth?

excellent

very good

good

fair

poor

don't know

How would you rate this child's general health for the past 12 months?

excellent

very good

good

fair

poor

don't know

In the past year, has this child been treated by a doctor for any of the following conditions? [yes/no, for each one]

ear infection (otitis media)
asthma or lung disease
other health or medical problems (please specify)
attention deficit disorder
psychological problems

Has this child ever had an ear infection or earache? [yes/no]

If YES, at what age did this child have his/her first ear infection or earache? [Mark only one]

before 6 months
6 months to 1 year
1 year old
2 years old
3-4 years old
5-6 years old
7-9 years old
Don't know

When did he/she have the most recent ear infection or earache?

Has one now
Within the past month, but not now
Before one year
1-2 years old
3-4 years old
5-6 years old
7-9 years old

Has this child ever had three or more ear infections or earaches in a year? [yes/no]

If YES, at what age(s) did he/she have these repeated ear infections?

Before one year
1-2 years old
3-4 years old
5-6 years old
7-9 years old

Has this child had surgery by a doctor to place tubes in his/her ears to treat ear infections?

If YES, at what age(s) did he/she have tubes placed? [Mark all that apply]

Before one year
1-2 years old
3-4 years old
5-6 years old
7-9 years old

For each of the following medications, please mark whether this child has ever taken or is currently taking the medication.

Never; yes-currently taking; took in the past but not anymore; or don't know

medication for seizures
medication for hyperactivity or ADD
antibiotics
steroids or anti-inflammatory drugs
drugs for asthma
other medications (please specify, perhaps include potential ototoxic medications in above list)

Since leaving the hospital as an infant, has o no o yes o don't know this child ever had surgery? [yes/no]

If YES, what part of body was operated on? [Mark all that apply]

appendix

tonsils or adenoids

ears: tubes in ears

ears: other ear surgery

eye(s)

head, face, or mouth

brain

spinal cord

heart

intestine, stomach, or bowel

kidneys, bladder, or ureter

arms or legs

back

Has this child ever been exposed to a very loud (painfully loud) noise? [yes/no]

If YES, at what age was he/she exposed to the loud noise? [Mark only one]

0-2 years

3-4 years

5-6 years

7-9 years

Did [CHILD] experience any of the following prior to or during delivery? [yes/no/don't know]

- a. congenital infections such as CMV, rubella, and herpes;
- b. APGAR scores of 0-4 at 1 minute or 0-6 at 5 minutes;
- c. mechanical ventilation for more than 5 days;
- d. head trauma;
- e. post-natal infections such as bacterial meningitis;
- f. severe hyperbilirubinemia (sufficient to require an exchange transfusion);
- g. persistent pulmonary hypertension of the newborn (PPHN);
- h. extracorporeal membrane oxygenation (ECMO);