

EAR HEALTH QUESTIONNAIRE

Recent illness can affect ear health screening. Please complete this questionnaire.

Please tick (✓) the relevant box

1. Has your child:
 - been sick in the last 2 weeks
 - had a cold in the last 2 weeks

2. Has your child recently had any discharge (runny ear) from:
 - LEFT ear
 - RIGHT ear
 - BOTH ears

3. Has your child been complaining of pain in:
 - LEFT ear
 - RIGHT ear
 - BOTH ears

If you ticked any of the above, has your child been taken to a Doctor?

- No
- Yes

Outcome from Doctor's visit:

- ear syringe
- antibiotics
- further follow up with Doctor
- referral

4. Has your child been seen by/or have an appointment with an Audiologist?
Name _____
Last appointment _____ (day/month/year)

5. Has your child been seen by an Ear Nose and Throat (ENT) specialist?
Name _____
Last appointment _____ (day/month/year)

What did the ENT specialist do?

- no further action
- grommets inserted _____ (month/year)
- tonsils removed _____ (month/year)
- tonsils and adenoids removed _____ (month/year)
- Other surgery on _____ (month/year)

Thank you for answering this questionnaire.

This document can be made available in alternative formats on request for a person with a disability.

Please contact childcommunity@health.wa.gov.au.



