USHER Screening Check List

Name_____ Birthdate_____ Date_____

GENERAL QUESTIONS	Yes (stop)	No (go on)	?
1. Are multiple organ systems affected?			
2. Does a family history of deafness exist, with multiple generations affected?			
3. Is the individual mentally retarded?			
HEARING QUESTIONS	**Yes**	**No**	**?**
4a. Is the individual hard of hearing?	screen	go on	
4b. Is the individual prelingually deaf?	screening	stop	
5. Is the audiogram *atypical* of Usher Syndrome?			
BALANCE QUESTIONS	**Yes**	**No**	**?**
6. Is screening balance abnormal in deaf individual?	screen	stop	
7. Was individual late to walk (>15 months)?			
8. Is Individual considered clumsy?			
9. Does individual lose balance easily in dark?			
VISION QUESTIONS	**Yes**	**No**	**?**
10. Is there a history of night blindness?	refer	go on	
11. Abnormal dark adaptation screening?	refer	go on	
12. Abnormal confrontational visual fields?	refer	go on	
13. Other concerns about vision?	refer	recheck*	

* Recheck later means to gather more history, enlisting parents and teachers to complete expanded questionnaires, do more observations and/or repeat the screening next year. If the "?" column is checked, the screening should be repeated mid-year. It is better to err on the side of over referral than under referral