

Otitis Media Questionnaire

	Yes	No
1. Is your child having repeated ear infections that completely go away between each infection?		
2. Is your child having prolonged episodes of fluid in the ear that won't go away?		
3. If your child is over 1 year old, was the first ear infection before 1 year of age?		
4. Does the ear problem bother your child very much? If so, how?		
5. Has your child tried 2 or more different antibiotics? Please list the antibiotic names:		
6. Has your child had any problems from the antibiotics? If so, please describe:		
7. Has your child been on a low dose antibiotic to try to prevent infections? If so, did your child get an ear infection while on the low dose antibiotic?		
8. Has your child had 3 or more ear infections in the past 6 months? About how many do you think your child has had in the past six months?		
9. About how many weeks or months out of the past six months has your child been taking antibiotics?		
10. Do you think that recently your child has had fluid in one or both ears for 3 months or more?		
11. Does the ear problem involve both ears?		
12. Do you suspect any hearing loss?		
13. Any problems with speech development?		
14. Does your child snore a lot?		
15. Does your child have any allergies? If yes, please list them:		
16. Does your child have asthma?		
17. Does your child have frequent colds?		
18. Is your child always congested?		
19. Is your child in day care, or a similar situation, with lots of other children? If yes, about how many children in the group?		
20. Is your child exposed to cigarette smoke?		
21. If your child drinks from a bottle, do they do so on their back?		
22. Other than ear infections and colds, has your child had a number of other infections, such as pneumonia or skin infections?		
23. Does your child have any other medical problems? If yes, please briefly list them:		
24. Any family history of lots of ear infections?		
25. Any family history of allergies?		

Name: _____

Date: _____