

Observation questionnaire

(Hearing aid adequacy in babies or small children
that have not begun to speak)

Developped in Germany by:

Thomas Wiesner (Werner-Otto-Institut, Hamburg), Andrea Bohnert (Klinik für Kommunikationsstörungen, Mainz) Anke Strauch (Kind Hörgeräte, Hamburg), Frans Coninx (Institut für Audiopädagogik, Solingen), Jochen Heinz (Hörgeräte Iffland, Esslingen bei Stuttgart), Manfred Drach (LBZ, Friedberg), Kerstin Bockhorst (Hörgeräte Bruckhoff, Hannover)

Editorial office:

Monika Baumann (Widex micro-technic GmbH, Stuttgart, Germany)

Observation questionnaire

(Hearing aid adequacy in babies / small children that have not begun to speak)

Last Name: _____ **First Name:** _____ **Date of birth:** _____

Hearing aid: _____ **Who answered the questions?:** _____

1. How many hours each day are the hearing aids worn?

- A. All day
- B. 4-8 hours
- C. 1-4 hours
- D. Less than 1 hour

2. Do the hearing aids whistle when worn?

- A. Never
- B. Sometimes
- C. Often
- D. Constantly. Presumed reason: _____

3. How does your child's ear mould fit?

Right:

- A. Adequate fit
- B. Insertion problems
- C. Inadequate fit:
 - Slips out of ear
 - Loose fit
 - Frequent feedback (whistle)
 - Irritation in the ear
- D. Cannot be used:
 - Constant feedback (whistle)
 - Doesn't fit at all
 - Allergic reaction

Left:

- A. Adequate fit
- B. Insertion problems
- C. Inadequate fit:
 - Slips out of ear
 - Loose fit
 - Frequent feedback (whistle)
 - Irritation in the ear
- D. Cannot be used:
 - Constant feedback (whistle)
 - Doesn't fit at all
 - Allergic reaction

4. Does the hearing aid fit well on your child's ears?

Right:

- A. Perfect fit
- B. Occasionally slips with head movement
- C. Often falls off the ear or falls out
- D. There is irritation on or behind the ear

Left:

- A. Perfect fit
- B. Occasionally slips with head movement
- C. Often falls off the ear or falls out
- D. There is irritation on or behind the ear

5. Does your child ever remove his/her hearing aids?

- A. Never
- B. Seldom, only accidentally
- C. Whenever he/she is unobserved
- D. Immediately or very quickly after their insertion

Typical situation: _____

6. Does your child react to loud noises when wearing the aids?

6.1. Familiar noises:

- A. Never
- B. Rarely
- C. Often
- D. Always to a particular noise (please specify): _____

6.2. Unfamiliar noises:

- A. Never
- B. Rarely
- C. Often
- D. Always to a particular noise (please specify): _____

7. Does your child react negatively (crying, nervousness, removal of the aid/s) while wearing the hearing aids?

- A. No - never
- B. Rarely
- C. Yes, please specify: _____
- D. Often, if the noise is very loud

8. Does your child wear his/her hearing aids in noisy situations (e.g. in the car or on heavily frequented roads, etc.)?

- A. Yes, without difficulties
- B. We've never tried this
- C. Only for a short time
- D. No, he/she will not tolerate the hearing aids in these situations

9. Does your child behave differently since having the aids fitted?

- A. Yes. Significant change observed
- B. Some change observed
- C. Little change
- D. No

If you checked „A“ or „B“, please specify the change/s:

- More lively
- Quieter
- More attentive
- More receptive
- More anxious/nervous
- Weepier
- More disturbed
- Other changes: _____

10. When wearing the hearing aids, does your child react when you call his/her name?

- A. Yes, up to a distance of about 4-5 meters
- B. Yes, but only at very close distances
- C. The child startles and/or cries if I call him/her from a close distance
- D. No, no reaction without eye contact

11. Does your crying child calm down when you verbally soothe him/her?

(Speak in a calm voice or by singing a song)

- A. Yes, even without eye contact
- B. Yes, but only with eye contact
- C. The child can only be soothed by eye and physical contact (picked up)
- D. No, the child can only be soothed with great difficulty

12. Does your child respond to changes in environmental sounds when wearing the hearing aids?

(example: walking from a quiet room inside the house to outdoors where children are playing noisily)

- A. Yes, and this includes soft and far away sound
- B. Yes, but only to loud sounds
- C. Yes, to the following sounds: _____
- D. No, no difference is discernible

13. Does the child react differently to music when wearing the aids?

- A. Yes, even to low background music
- B. Yes, to familiar children's songs at normal volume
- C. Yes, but only to very loud/rhythmic music
- D. No, I haven't noticed this as yet

14. Does the child react more attentively / inquisitively to anything which makes a sound?

- A. Yes, e.g.: _____
- D. No

15. Does your child produce different sounds wearing the new aids?

- A. More / more often / more varied sounds
- B. Different voice quality
- C. Less than without the hearing aids
- D. Unchanged

16. Does the child turn towards noises he/she cannot see?

(This question can usually only be answered after a lengthy hearing aid trial period)

- A. Yes, he/she is able to locate where a sound is coming from all the time
- B. Yes, most of the time
- C. Yes, but rarely and inconsistently
- D. No, I haven't noticed this as yet

17. Does the child ask for the aids?

- A. Yes, as soon as he/she wakes up
- B. Yes, at times (please specify: _____)
- C. The child cannot yet ask for the hearing aids himself/herself
- D. The child usually refuses to wear the hearing aids

Observation questionnaire evaluation table

Last Name: _____ **First Name** _____ **Date of birth:** _____

Hearing aid: _____ **Who answered the questions?:** _____

Date: _____ **Preliminary/subsequent survey:** _____

Question	A	B		C	D
1					
2					
3 right					
3 left					
4 right					
4 left					
5					
6.1					
6.2					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					