

# Parent Questionnaire Part 1

(Hearing aid adequacy in children /  
3-6 years of age with beginning / improving language skills)

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# Parent Questionnaire / Part 1

(Hearing aid adequacy in children /  
3-6 years of age with beginning / improving language skills)

**Last name:** \_\_\_\_\_ **First name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Hearing aid:** \_\_\_\_\_ **Who answered the questions?:** \_\_\_\_\_

## 1. How many hours a day does your child wear the hearing aids?

- 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 mold fit?

### Right:

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

### Left:

- A. Adequate fit
- B. Inserting problems
- C. Inadequate fit:
  - Slips out of the ear
  - Loose fit
  - Frequent feedback
  - Irritation / sores 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 ear?

Right:

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

#### 5. Does your child react to loud noises when wearing the hearing aids?

5.1. Familiar noises:

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

5.2. Unfamiliar noises:

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

#### 6. Does your child become upset while wearing the hearing aids in certain situations?

- A. No
  - B. Sometimes the hearing aids are switched off or pulled out
  - C. Yes, in particular in the following situations: \_\_\_\_\_
- 
- The hearing aids are pulled out
  - The hearing aids are switched off
- D. Frequently, if it is very noisy

#### 7. Are the hearing aids accepted in noisy situations? (e.g. in the car, busy street)

- A. Yes
- B. Have not attempted it yet
- C. Frequently complains that the hearing aids are too loud
- D. Hearing aids are not accepted

**8. Have you noticed a change in your child's behavior since he/she started wearing the hearing aids?**

- A. Yes. Many changes
- B. Some changes
- C. Few changes, but not as many as expected!
- D. No, none

If you have marked "A" or "B", please state the changes:

- More verbal
- More quiet
- More attentive
- More receptive
- More anxious / nervous
- Weepier
- More distracted
- Other: \_\_\_\_\_

**9. Does your child react to being called with his/her name when wearing the hearing aids?**

- A. Yes, up to a distance of approx. 4-5 m
- B. Yes, but only at very close distances
- C. He/she startles if I call him/her from a close distance
- D. No, no reaction without eye contact

**10. Does your child respond differently to background sounds?**

- A. Yes, even for soft background sounds
- B. Yes, but only for loud sounds
- C. Yes, for the following sounds: \_\_\_\_\_
- D. No, not differently than without hearing aids / or with old hearing aids

**11. Does your child respond differently to music ?**

- A. Yes, even to quiet background music
- B. Yes, he/she even sings along to familiar children's music played at a normal volume
- C. Yes, but only to very loud / rhythmic music (e.g. techno music)
- D. No, no distinct changes in reaction

**12. Does your child ask for his/her hearing aids?**

- A. Yes, as soon as he/she gets up in the morning
- B. Yes, sometimes
- C. My child is too young
- D. My child usually refuses the hearing aids

## Evaluation Table for Parent Questionnaire Part 1

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Hearing aid:** \_\_\_\_\_ **Who answered the questions?:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Preliminary / Subsequent survey:** \_\_\_\_\_

<b>Question</b>	<b>A</b>	<b>B</b>		<b>C</b>	<b>D</b>
<b>1</b>					
<b>2</b>					
<b>3 right</b>					
<b>3 left</b>					
<b>4 right</b>					
<b>4 left</b>					
<b>5.1</b>					
<b>5.2</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					
<b>11</b>					
<b>12</b>					