

Observation questionnaire

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

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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					