Parent Questionnaire
Part 1

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

Developed in Germany by:
Thomas Wiesner (Werner-Otto-Institut, Hamburg), Andrea Bohnert (Klinik für Kommunikationsstörungen, Mainz), Anke Strauch (Kind Hörgeräte, Hamburg), Jochen Heinz (Hörgeräte Iffland, Esslingen), Dirk Hornig (Hörgeräte Hornig, Berlin), Manfred Drach (LBZ, Friedberg), Kerstin Bockhorst (Hörgeräte Bruckhoff, Hannover)

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

13. 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: ___________

<table>
<thead>
<tr>
<th>Question</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 right</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 left</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 right</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 left</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>