Infant Hearing Program Amplification Benefit Questionnaire

Child's Name:_____ DOB:_____ GA:_____ Sex:_____

Date: _____ Respondent: _____ Notes:_____

ADMINISTRATION FORMAT:

Independently at Home	*Independently in Office*	*Interview-style*	*Translator Required*
☐	☐	☐	☐

TIMING

1. About how many MONTHS ago was your child first fitted with the PRESENT hearing aids?
   _____ months ago

ACCEPTANCE/USE OF HEARING AIDS

2. How much does your child wear his/her hearing aids in a typical day?

Not At All	*Less than 1 Hour*	*1 to 4 Hours*	*4 to 8 Hours*	*Always*
☐	☐	☐	☐	☐

3. Your child is happy to wear the hearing aids.

Never	*Rarely*	*Sometimes*	*Most of the time*	*Always*
☐	☐	☐	☐	☐

AUDITORY PERFORMANCE

4. Overall, how often do you think your child hears sounds with the hearing aids?

Never	*Rarely*	*Sometimes*	*Most of the time*	*Always*
☐	☐	☐	☐	☐

5. How often do you think your child hears *soft* sounds with the hearing aids?

Never	*Rarely*	*Sometimes*	*Most of the time*	*Always*
☐	☐	☐	☐	☐

6. How often is your child uncomfortable with *loud* sounds with the hearing aids?

Never	*Rarely*	*Sometimes*	*Most of the time*	*Always*
☐	☐	☐	☐	☐

EFFECTIVENESS OF SERVICE DELIVERY

7. Can you tell if/when the hearing aids are not working? (e.g., whistling, no sound)

Never	*Rarely*	*Sometimes*	*Most of the time*	*Always*
☐	☐	☐	☐	☐

8. Do you know how to check problems with the hearing aids when they occur? (e.g., dead battery, water or wax in earmold tubing)

Never	*Rarely*	*Sometimes*	*Most of the time*	*Always*
☐	☐	☐	☐	☐

OVERALL SATISFACTION

9. Considering everything, do you think the hearing aids are worth the effort?

Never	*Rarely*	*Sometimes*	*Most of the time*	*Always*
☐	☐	☐	☐	☐

10. Considering everything, how satisfied are you with the hearing aid services you have received for your child, in the Infant Hearing Program?

Never Satisfied	*Rarely Satisfied*	*Sometimes Satisfied*	*Most of the time Satisfied*	*Always Satisfied*
☐	☐	☐	☐	☐

SERVICE IMPROVEMENT

11. Could the hearing aid services for your child be better? Please tell us how.

_____
_____
_____
_____
_____