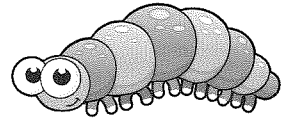




Auditory Questionnaire



Parents questionnaire to assess auditory behaviour

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Code: Date:/...../.....

Gender: F / M

Date of birth:/...../.....

This auditory questionnaire is designed to assess the auditory development in children with normal hearing and in children with hearing loss who have received a cochlear implant(s) (CI) or hearing aid(s) (HA). It covers auditory development in the first 2 years after CI or HA fitting (up to 2 years of hearing age.) or in hearing children up to 2 years of age. The questionnaire includes age-dependent questions with increasing complexity of the auditory responses. Therefore, with a younger child, fewer questions will be answered "yes".

How to complete the questionnaire?

All questions are to be answered by checking either YES or NO.

Please mark:

yes: if you have already observed the behaviour in your child at least once.

no: if you have never observed the behaviour in your child, or if you are not sure how to answer the question.

If you answer 6 questions with "no" for children with normal hearing, you do not need to continue the questionnaire. Further questions will then be regarded as "no" answers.

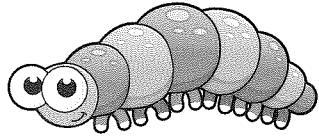
For children fitted with a CI(s) or HA(s), all questions should be answered, since they may show auditory behaviour covered by later questions.

	Auditory Response	Answer	Example
1	Does your child respond to a familiar voice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Smiles; looks towards source; talks animatedly.
2	Does your child listen to somebody speaking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Listens; waits and listens; looks at the speaker for a longer time.
3	When somebody is speaking, does your child turn his/her head towards the speaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Is your child interested in toys producing sounds or music?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rattle, squeezing toy.
5	Does your child look for a speaker he/she cannot see?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Does your child listen when the radio/CD/tape player is turned on?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Listening: turns towards the sound, is attentive, laughs or sings/talks "along."
7	Does your child respond to distant sounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When being called from another room.
8	Does your child stop crying when you speak to him/her without him/her seeing you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	You try to comfort the child with a soft voice or song without eye contact.
9	Does your child respond with alarm when hearing an angry voice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The child becomes sad and starts crying.
10	Does your child "recognise" acoustic rituals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Musical box by bed; lullaby; water running into the tub.
11	Does your child look for sound sources located at the left, right or back?	<input type="checkbox"/> Yes <input type="checkbox"/> No	You call or say something, the dog barks, etc. and the child looks and finds the sources.
12	Does your child react to his/her name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Does your child look for sound sources located above or below?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A clock on the wall, or something falling on the floor.
14	When your child is sad or moody, can he/she be calmed down or influenced by music?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	Does your child listen on the telephone and does he/she seem to recognise that somebody is talking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When grandma or daddy calls, the child takes the receiver and "listens."
16	Does your child respond to music with rhythmical movements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The child moves arms/legs to the music.
17	Does your child know that a certain sound is related to a certain object or event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The child hears the sound of an aeroplane and looks towards the sky, or hears a car and looks towards the street.

	Auditory Response	Answer	Example
18	Does your child appropriately respond to short and simple remarks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	"Stop!" "Yuck!" "Don't!"
19	Does your child respond to "No" by typically interrupting his/her current activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A strongly pronounced "no, no!" – although the child does not see you (!) – is effective.
20	Does your child know family members' names?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where is Daddy, Jane, Mark, ...
21	Does your child imitate sounds when asked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	"Aaa", "ooo", "iii"
22	Does your child follow simple commands?	<input type="checkbox"/> Yes <input type="checkbox"/> No	"Come here!"; "Take off your shoes!"
23	Does your child understand simple questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	"Where is your tummy?"; "Where is daddy?"
24	Does your child bring items when asked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	"Bring me the ball!" etc.
25	Does your child imitate sound or words you say?	<input type="checkbox"/> Yes <input type="checkbox"/> No	"Say: woof woof"; "Say: c-a-r"
26	Does your child produce the right sound to a toy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	"Vurrrm" with car, "moo" with cow
27	Does your child know that certain sounds go with certain animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Woof woof = dog; meow = cat; cock-a-doodle-do = cockerel/rooster
28	Does your child try to imitate environmental sounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Animal sounds, sounds of household appliances, police car siren.
29	Does your child correctly repeat a sequence of short and long syllables you have said?	<input type="checkbox"/> Yes <input type="checkbox"/> No	"La-la-laaa"
30	Does your child select the right object from a number of objects when asked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	You are playing with toy animals and ask for the "horse"; you are playing with coloured balls and ask for the "red ball."
31	Does your child try to sing along when hearing a song?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nursery rhymes
32	Does your child repeat certain words when asked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	"Say 'Bye - Bye' to grandma"
33	Does your child like being read to?	<input type="checkbox"/> Yes <input type="checkbox"/> No	From book or picture book
34	Does your child follow complex commands?	<input type="checkbox"/> Yes <input type="checkbox"/> No	"Take off your shoes and come here."
35	Does your child try to sing with familiar songs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lullaby

Total score = all questions checked with "yes"

To be filled out by the examiner



Clinic/Institution: Age:

For children with cochlear implants or hearing aids

First hearing aids fitting: side: R:/...../..... side: L:/...../.....

Date of CI surgery:/...../..... side: R / L

Date of 1st CI fitting:/...../.....

Date of 2nd CI surgery:/...../..... side: R / L

Date of 2nd CI fitting:/...../.....Hearing age*:

* Calculation of hearing age:

children with normal hearing: hearing age is equivalent to actual age

children with CI(s): time period since first fitting of processor;

if first fitting is not known: time period since implantation minus 1 month

children with HA(s): time period since hearing aid fitting

Additional questions of interest:

1. Have you observed any responses to sound or voices in your child that are not included in this questionnaire?

2. Have you noticed any surprising responses to sound or voices in your child recently or in the last 1-2 weeks (i.e. can he/she do this already?)

Thank You for completing the LittIEARS® Auditory Questionnaire!