

Early Development of Children with Hearing Loss

Please answer each question as completely as possible. There is a good reason for each question. If you would like further explanation for a specific question, please call us at (800) 678-6254. [All information is kept strictly confidential.](#) That means that we will not tell anyone that you have offered to participate in this study, unless we check with you first. We will not share with anyone, other than you, any personally identifiable information obtained in any part of this study, including from this questionnaire.

Contact Information

Child's Full Name: _____ Sex: M F Today's date: ____/____/____

Child's date of birth: ____/____/____ City and state of child's birth: _____

Parent(s)' Name(s): _____

Street address: _____ City, State, Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Which number is best to reach you? Home Work Cell

At what time is it best to reach you? Mornings Afternoons Evenings Email address: _____

General and Family History

1) Has your child been generally healthy since birth?
YES NO
If NO, please explain briefly. _____

2) Was your child a full-term birth?
YES NO
If NO, at how many weeks was your child born? _____

3) How many middle ear infections has your child had? _____

4) Does he/she have ventilation tubes in his ears?
YES NO

5) Other than surgery to place ventilation tubes, has your child ever had ear surgery?
YES NO
If YES, what was the nature of the surgery? _____

6) What are the genders and birth dates of other children in the family?

<u>Gender</u>	<u>Birth date</u>
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7) Has a health professional ever expressed concern that your child may have a health problem or disability other than hearing loss? YES NO
If YES, what is the nature of the other problem? _____

8) Do any other family members have a speech, language, or hearing problem? YES NO
If YES, please describe briefly. _____

9) Are any languages *other than English* spoken in the home (including ASL)? YES NO
If YES, what language(s)? _____
What proportion of the time are they spoken?
5% 25% 50% 75% 100%

Please turn over and complete questions on back

Income Information

10) What is your family's total gross income each year? *Please mark one.*

- Less than \$20,000 Between \$20,000 and \$30,000 Between \$30,000 and \$45,000 More than \$45,000

11a) What is the Father's primary occupation? _____

11b) What is the Mother's primary occupation? _____

12a) What is the Father's highest level of education?

- Completed elementary school only
 Completed junior high school only
 Earned Graduate Equivalence Degree (GED)
 Graduated from High School
 Attended 1+ years of technical/vocational school
 Graduated from technical/vocational school
 Attended 1+ years at a university/college
 Bachelor's degree
 Attended 1+ years of graduate school
 Master's degree
 Ph.D. (ABD); J.D. before Bar admission; M.D., pre-internship
 Ph.D.; J.D. with Bar admission; M.D., internship completed

12b) What is the Mother's highest level of education?

- Completed elementary school only
 Completed junior high school only
 Earned Graduate Equivalence Degree (GED)
 Graduated from High School
 Attended 1+ years of technical/vocational school
 Graduated from technical/vocational school
 Attended 1+ years at a university/college
 Bachelor's degree
 Attended 1+ years of graduate school
 Master's degree
 Ph.D. (ABD); J.D. before Bar admission; M.D., pre-internship
 Ph.D.; J.D. with Bar admission; M.D., internship completed

Additional Information

- 1) Are you currently using sign language with your child?
 YES NO *(If YES, answer questions 14-17)*
- 2) What proportion of the time do you use sign language with your child?
 5% 25% 50% 75% 100%
- 3) Approximately how many words does your child know in sign language? _____
- 4) How would you describe the baby sign language you use with your child?
 Signing verbs and nouns for clarification purposes (ie, *milk, more, dog*)
 Signing everything you say (ie, full sentences and entire conversations)
- 5) What method do you use to teach your child sign language?
 Baby sign program _____
 Baby sign book _____
 Other _____

1) From where did you receive the first brochure about this research project? _____

2) What days and times would be best for you and your child to participate in this project? _____

I would like to be contacted about having my child participant in the study.

Signature: _____ **Date:** _____

Send this questionnaire to: EDCHL Study, 37 Pressey Hall, 1070 Carmack Road, Columbus, OH 43210