Rhode Island Hearing Screen Program Questionnaire

NOTE: For the initial screen, moms received only Part A and demographics. At re-screen, moms received the entire questionnaire.

Today ≠ Date: ____ / ____ / ________       Ritrack#: ______________________
Your Child ≠ Date of Birth: ____ / ____ / ________       Mother ≠ Med. Rec. #: __________
Gest. Age: ________ weeks
Birthweight: ________ grams

A. Screening Program Questions

1. How many children are in your family? _____________
   a. What is your child ≠ birth ranking in your family? __ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9
      (Example: The oldest child in a family with 3 children is 1.)

2. When did you learn that your baby ≠ hearing was being screened?
   __ 1 aware before hospital admission
   __ 2 aware during hospital admission
   __ 3 aware after hospital discharge
   __ 4 don ≠ remember

3. If you learned about the screen after discharge, who informed you?
   __ 1 my or other pediatrician
   __ 2 RIHAP data staff
   __ 3 audiologist
   __ 4 other __________________________________________________________
   __ 5 don ≠ remember
   __ 9 not applicable

4. Were you worried about the test when you were told?
   __ 1 yes
   __ 2 no
   __ 3 don ≠ remember

5. Do you remember what you were told?
   __ 1 yes
   __ 2 no

6. How anxious or worried were you about the hearing screen?
   __ 1 not worried
   __ 2 mildly worried
   __ 3 somewhat worried
   __ 4 worried
   __ 5 very worried

7. Did you receive a brochure about the screen program?
   __ 1 yes
   __ 2 no
   __ 3 don ≠ remember

   a. If yes, was the brochure helpful?
      __ 1 yes
      __ 2 no
      __ 9 not applicable
8. Do any family members have a hearing loss?

___ 1 yes
___ 2 no

a. If yes, which ones?  

<table>
<thead>
<tr>
<th>Mother's Side</th>
<th>Self (mother)</th>
<th>Grandmother</th>
<th>Grandfather</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>self (mother)</td>
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<tr>
<td>sister</td>
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<td>aunt</td>
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<td>niece</td>
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<table>
<thead>
<tr>
<th>Father's Side</th>
<th>Self (baby's father)</th>
<th>Grandmother</th>
<th>Grandfather</th>
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<tr>
<td></td>
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</table>

b. Do any of these family members wear hearing aids? Which ones?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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Today’s Date: ____ / ____ / ________     Ritrack#: ______________________
Your Child’s Date of Birth: ____ / ____ / ________   Mother’s Med. Rec. #: ___________
Your Date of Birth: ____ / ____ / ________     Gest. Age: ________ weeks
Sex: M or F         Birthweight: ________ grams

B. Re-Screen Appointment Questions

9. What did you expect to happen at the re-screen appointment?
   ___ 1 hearing test
   ___ 2 didn’t know what to expect
   ___ 3 other _____________________________________________________________
   ___ 9 not applicable

10. Were you given any results at the re-screen appointment?
    ___ 1 yes
    ___ 2 no
    ___ 3 partial
    ___ 4 don’t remember
    ___ 9 not applicable
    Explain ____________________________________________________________________

11. Do you know what kind of trained staff performed the re-screen?
    ___ 1 screening technician
    ___ 2 nurse
    ___ 3 audiologist
    ___ 4 don’t know
    ___ 9 not applicable

12. How worried/anxious were you about the re-screen test?
    ___ 1 not worried
    ___ 2 mildly worried
    ___ 3 somewhat worried
    ___ 4 worried
    ___ 5 very worried
    ___ 6 don’t remember
    ___ 9 not applicable

13. How would you improve the statewide screening program?
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________
1. Your date of birth: ____ / ____ / ________

2. Your relationship to the child (circle):
   1 = Mother only  3 = Guardian/foster parent
   2 = Mother & Father  4 = Other, specify:_____________________________________________

3. Please circle your marital status:
   1 = Married   3 = Divorced   5 = Other
   2 = Single   4 = Widowed

4. What is the primary language spoken in your home?
   1 = English   3 = Other, specify: ____________________________________________
   2 = Spanish    4 = Sign

5. Is a second language spoken within your home? ___ Yes ___ No
   If yes, what is the secondary language?
   1 = English   3 = Other, specify: ____________________________________________
   2 = Spanish    4 = Sign

6. Child’s race (please circle):
   1 = American Indian or Alaskan native
   2 = Asian or Pacific Islander
   3 = Black, Not of Hispanic Origin
   4 = Hispanic
   5 = White, Not of Hispanic Origin
   6 = Other or Unknown

7. Highest grade completed or attended:
   a. Biological mother:   ______________________________________________________
   b. Caretaker (if not biological mother): ____________________________________________
   c. Biological father:   ______________________________________________________
   d. Male adult (if not biological father):  ____________________________________________

8. Usual Occupation
   a. Biological mother:   ______________________________________________________
   b. Caretaker (if not biological mother): ____________________________________________
   c. Biological father:   ______________________________________________________
   d. Male adult (if not biological father):  ____________________________________________

9. What is the total income in the child’s household from all sources over the last year?
   1 = < $5,000  3 = $10,000 - 19,999  5 = $30,000 - 39,999  7 = >$50,000
   2 = $5,000 - 9,999  4 = $20,000 - 29,999  6 = $40,000 - 49,999

10. Child’s current ZIP code: __________

11. Child’s medical insurance:
    1 = Medicaid       3 = Private       5 = Self Pay
    2 = Medicaid HMO   4 = Other HMO     6 = Unknown