Parent Satisfaction Survey – Teleaudiology

GEHDI # __________
Your Child’s Date of Birth: ___ / ___ / ___

1. How many children are in your family? ___

2. When did you learn about teleaudiology testing for your baby?
   ___ 1 Guam EHDI Staff
   ___ 2 GEIS Staff
   ___ 3 At the hospital/clinic
   ___ 4 Other: ____________________________

3. When you first heard about it, were you able to ask questions and get answers to any concerns you had?
   ___ 1 yes
   ___ 2 no
   ___ 3 somewhat

4. Were you worried about the teleaudiology testing?
   ___ 1 yes
   ___ 2 no
   ___ 3 somewhat

5. How anxious or worried were you about the teleaudiology testing?
   ___ 1 not worried
   ___ 2 mildly worried
   ___ 3 somewhat worried
   ___ 4 worried
   ___ 5 very worried

6. Did you receive any brochure or other information about the teleaudiology testing?
   ___ 1 yes
   ___ 2 no
   ___ 3 not sure

7. If yes, was the information helpful?
   ___ 1 yes
   ___ 2 no
   ___ 3 not applicable

8. What did you expect to happen at the teleaudiology appointment?
   ___ 1 hearing testing would be done
   ___ 2 didn’t know what to expect
   ___ 3 other ____________________________

9. Were you given any results after the teleaudiology appointment?
   ___ 1 yes
   ___ 2 no
   ___ 3 partial
   ___ 4 don’t remember
   ___ 4 not applicable

10. Was the staff who conducted the teleaudiology testing supportive after informing you of the results of testing?
    ___ 1 yes
    ___ 2 no
    ___ 3 somewhat
    ___ 4 don’t remember

11. Do you know who the trained professional was who performed the teleaudiology testing?
    ___ 1 pediatric audiologist
    ___ 2 audiometrist
    ___ 3 volunteer
    ___ 4 don’t know
    ___ 5 not sure

12. Would you recommend that other parents consider teleaudiology for their baby’s follow up testing?
    ___ 1 yes
    ___ 2 no

13. Did you see a video describing the teleaudiology testing?
    ___ 1 yes
    ___ 2 no

14. If so, did the video help you understand what to expect at the appointment?
    ___ 1 yes
    ___ 2 no

15. How satisfied were you with today’s services?
    ___ 1 highly satisfied
    ___ 2 satisfied
    ___ 3 somewhat satisfied
    ___ 4 not satisfied at all

14. What suggestions do you have for improving teleaudiology services?
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   ________________

Thank you for completing this survey!