

Feedback Form



❖ Was the Babies and Hearing Loss Notebook useful to you and your family?

- Not Useful •Somewhat Useful •Very Useful

Please comment on what was or was not useful about the notebook:

❖ Has the information in this notebook helped you to understand the impact of hearing loss on your child and family?

- Not Useful •Somewhat Useful •Very Useful

Please comment on how this was helpful or not:

❖ Did you find this notebook helpful in making decisions about your child's hearing healthcare?

- Not Useful •Somewhat Useful •Very Useful

Please comment on how this was helpful or not:

❖ Did you find the Keeping Track Section of this notebook useful?

- Not Useful •Somewhat Useful •Very Useful

Please comment on which keeping track pages were most useful for you:

❖ Please rate the sections of this notebook for their usefulness.

(1 = most useful. 6 = least useful.)

- | | |
|------------------------------|-----------------------------------|
| _____ Celebrating your Child | _____ Exploring the Possibilities |
| _____ Supporting you Family | _____ Keeping Track |
| _____ Getting the Facts | _____ Looking Ahead |

❖ If you have additional comments about the Babies and Hearing Loss Notebook please include them on a separate sheet of paper. We are very interested in your feedback!