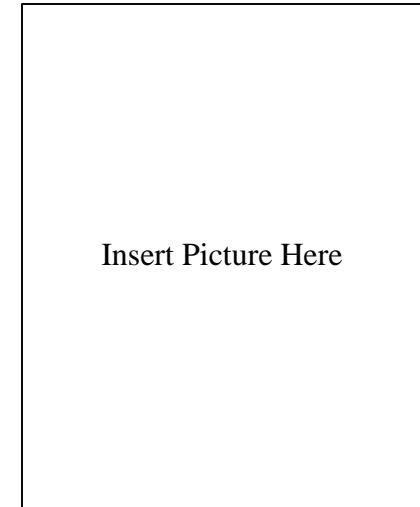


**Parent Questionnaire about
Newborn Hearing Screening in**

Instructions: Recently, your baby was screened for hearing at Hospital. We would like to know what you think about the newborn hearing screening program. Please answer the following questions which apply to you. There are no right or wrong answers. The best answer is the one that tells how you feel. Your answers will be kept confidential. Thank you for your help!



Please return this form as soon as possible in the postage-paid envelope.

After August 1st, go to www.infanthearing.org/states/evaluation.html for a summary of results (but not individual results), or you can get a copy of the summary by calling 435-797-3459 and asking for the Parent Evaluation.

Thank you for your help!

1. Before you went to the hospital to have your baby, did you know that this hospital screens all babies for hearing loss? Yes No

2. Before you left the hospital, did you know your baby was screened for hearing loss? Yes No

3. How were you first told about the results of the hearing screening test done in the hospital? (check the best answer)
 - Card or note before I went home
 - Nurses told me before I went home
 - Doctor told me after I went home
 - Someone phoned me after I went home
 - I got a letter after I went home
 - Other (describe)

4. Were you given any written information which explained newborn hearing screening?
- No (skip to question #6)
 - Don't Remember (skip to #6)
 - Yes (answer A thru E below)

Please circle the number that best describes the information.

- | | | |
|-----------------------|-----------|---------------------------|
| | ←————→ | |
| A. not understandable | 1 2 3 4 5 | completely understandable |
| B. not attractive | 1 2 3 4 5 | attractive |
| C. not enough | 1 2 3 4 5 | too much |
| D. too early | 1 2 3 4 5 | too late |
| E. too simple | 1 2 3 4 5 | too complex |

5. If you received written information about newborn hearing screening, when was it given to you? (check all that apply)
- No written information was given
 - Before I checked into the hospital
 - While I was in the hospital
 - When leaving the hospital
 - After we left the hospital
 - At my baby's first checkup
 - Other (specify) _____

6. Please list any suggestions for the best way to give information to parents about newborn hearing screening (for example, what should it contain, when should it be given, how should it look, etc.). Attach additional sheet if necessary.

7. What were the results of your baby's hearing screening test?
- Passed
 - Don't Know
 - Referred for more testing

8. Tell us what you think is the best part about your hospital's newborn hearing screening program.

9. After all hearing tests were completed, how did you feel?

- | | | | | | |
|--|-------------------|---|----------------|---|---|
| | Strongly Disagree | | Strongly Agree | | |
| | ←————→ | | | | |
| A. Worried about my baby's hearing | 1 | 2 | 3 | 4 | 5 |
| B. Confused about the results of the hearing tests | 1 | 2 | 3 | 4 | 5 |
| C. Glad hearing screening is done at this hospital | 1 | 2 | 3 | 4 | 5 |
| D. Confident the hearing tests were correct | 1 | 2 | 3 | 4 | 5 |
| E. Frustrated by how long it took to get results | 1 | 2 | 3 | 4 | 5 |
| F. Happy with the professional way screening and testing were done | 1 | 2 | 3 | 4 | 5 |
| G. Confident about what I needed to do next | 1 | 2 | 3 | 4 | 5 |

10. Please list any suggestions you have for improving the newborn hearing screening program at your hospital.