

11. 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 screening 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

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

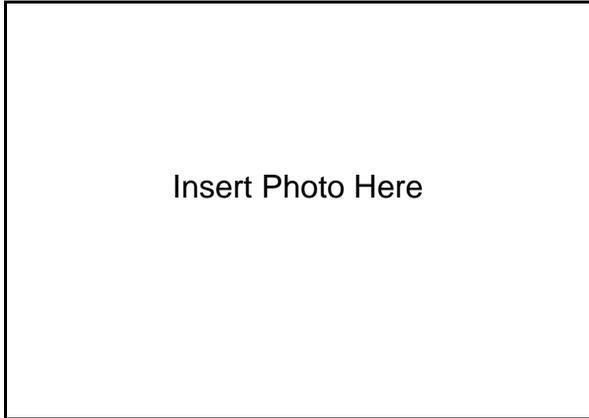
**Please return this form as soon as possible in the postage-paid envelope.**

After August 1<sup>st</sup>, go to [www.infanthearing.org/states/evaluation.html](http://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!**

**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!



Insert Photo Here



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 all that apply)
  - 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. 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) \_\_\_\_\_

5. Were you given any written information which explained newborn hearing screening?

- G** No (skip to question #6)
- G** Don't Remember (skip to #6)
- G** 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               |

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?

- G** Passed (skip to question #10)
- G** Don't Know (skip to question #10)
- G** Referred for more testing (answer A thru C below)

- |  |                                |                           |   |   |   |             |
|--|--------------------------------|---------------------------|---|---|---|-------------|
| A. When you learned your baby needed more testing, did you know what you were supposed to do next? | <b>G</b> Yes                   | <b>G</b> No               |   |   |   |             |
| B. If you had questions, did someone answer them well?   | <b>G</b> Yes, good answers     | <b>G</b> No, poor answers |   |   |   |             |
|  | <b>G</b> Didn't have questions |                           |   |   |   |             |
| C. How did you feel when you were told your baby needed more hearing testing?                      | ←————→                         |                           |   |   |   |             |
| very worried   | 1                              | 2                         | 3 | 4 | 5 | not worried |
| not supported  | 1                              | 2                         | 3 | 4 | 5 | supported   |
| angry  | 1                              | 2                         | 3 | 4 | 5 | calm        |
| confused   | 1                              | 2                         | 3 | 4 | 5 | confident   |

8. If you were told your baby needed more hearing tests, were you able to get the tests? **G** Yes **G** No (go to question #9)

Tell us about your experience in getting these tests (Circle the best answer for each question.).

- |   |                      |   |   |   |   |  |                   |  |  |  |
|---|----------------------|---|---|---|---|--|-------------------|--|--|--|
|   | Strongly<br>Disagree |   |   |   |   |  | Strongly<br>Agree |  |  |  |
|   | ←————→               |   |   |   |   |  |                   |  |  |  |
| A. I knew exactly what to do and where to go      | 1                    | 2 | 3 | 4 | 5 |  |                   |  |  |  |
| B. My doctor was helpful                          | 1                    | 2 | 3 | 4 | 5 |  |                   |  |  |  |
| C. The tests were easy to get                     | 1                    | 2 | 3 | 4 | 5 |  |                   |  |  |  |
| D. Paying for the tests was difficult             | 1                    | 2 | 3 | 4 | 5 |  |                   |  |  |  |
| E. I was treated kindly and respectfully          | 1                    | 2 | 3 | 4 | 5 |  |                   |  |  |  |
| F. The experience was scary and confusing         | 1                    | 2 | 3 | 4 | 5 |  |                   |  |  |  |
| G. I needed help, but didn't know where to get it | 1                    | 2 | 3 | 4 | 5 |  |                   |  |  |  |

9. Please tell us why you didn't complete the additional tests.

- |   |                      |   |   |   |   |  |                   |  |  |  |
|---|----------------------|---|---|---|---|--|-------------------|--|--|--|
|   | Strongly<br>Disagree |   |   |   |   |  | Strongly<br>Agree |  |  |  |
|   | ←————→               |   |   |   |   |  |                   |  |  |  |
| A. I thought my baby's hearing was fine     | 1                    | 2 | 3 | 4 | 5 |  |                   |  |  |  |
| B. Scheduling was difficult                 | 1                    | 2 | 3 | 4 | 5 |  |                   |  |  |  |
| C. The tests were too expensive             | 1                    | 2 | 3 | 4 | 5 |  |                   |  |  |  |
| D. I was too scared to get the tests        | 1                    | 2 | 3 | 4 | 5 |  |                   |  |  |  |
| E. My baby was frequently sick              | 1                    | 2 | 3 | 4 | 5 |  |                   |  |  |  |
| F. My life was too chaotic                  | 1                    | 2 | 3 | 4 | 5 |  |                   |  |  |  |
| G. I didn't know where to go for the tests. | 1                    | 2 | 3 | 4 | 5 |  |                   |  |  |  |

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