

## Screening Diagnostic Questionnaire (for children)

<b>Full Name</b> _____				
<b>Age (in full years)</b> _____				
<b>Duration of use of the rehabilitation device:</b> _____				
<b>Educational segment (underline the correct one):</b> not organized (home), general daycare, general school, special school for hearing-impaired, university, vocational institution.				
<b>Mark the correct answer.</b>		<b>Yes (0 points)</b>	<b>No (2 points)</b>	<b>Sometimes (1 point)</b>
<b>1.</b>	Does your child have difficulties in communication (with CI/HA)?			
<b>2.</b>	Does your child feel uncomfortable wearing a rehabilitation device?			
<b>3.</b>	Does your child experience headaches when wearing CI or HA for a long time?			
<b>4.</b>	Does your child have difficulties talking on the phone with CI/HA (if using a phone)?			
<b>Mark the correct answer in the corresponding cell.</b>		<b>Yes (2 points)</b>	<b>No (0 points)</b>	
<b>5.</b>	Does your child undergo rehabilitation courses?			
<b>6.</b>	Does your child study with a speech therapists/deaf teacher?			
<b>Please answer the following questions.</b>				
<b>7.</b> What time per a day does your child explore CI or HA? _____				
<b>8.</b> How often does your child visit an audiologist? _____				
<b>9. (Rate on a 10-point scale where 0 – no change and 10 – life has become brighter and more fulfilling)</b>				
Your child's life has changed since they started wearing HA or CI.				
<b>0   1   2   3   4   5   6   7   8   9   10</b>				