

## 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>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.			
<div style="display: flex; justify-content: space-around; align-items: center;"> <span><b>0</b></span> <span><b>1</b></span> <span><b>2</b></span> <span><b>3</b></span> <span><b>4</b></span> <span><b>5</b></span> <span><b>6</b></span> <span><b>7</b></span> <span><b>8</b></span> <span><b>9</b></span> <span><b>10</b></span> </div>			