

Rhode Island Hearing Screen Program Questionnaire

NOTE: For the initial screen, moms received only Part A and demographics. At re-screen, moms received the entire questionnaire.

Today's Date: ____ / ____ / ____
Your Child's Date of Birth: ____ / ____ / ____

Ritrack#: _____
Mother's Med. Rec. #: _____
Gest. Age: _____ weeks
Birthweight: _____ grams

A. Screening Program Questions

1. How many children are in your family? _____
 - a. What is your child's birth ranking in your family? __ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9
(Example: The oldest child in a family with 3 children is 1.)

2. When did you learn that your baby's hearing was being screened?
 - ___ 1 aware before hospital admission
 - ___ 2 aware during hospital admission
 - ___ 3 aware after hospital discharge
 - ___ 4 don't remember

3. If you learned about the screen after discharge, who informed you?
 - ___ 1 my or other pediatrician
 - ___ 2 RIHAP data staff
 - ___ 3 audiologist
 - ___ 4 other _____
 - ___ 5 don't remember
 - ___ 9 not applicable

4. Were you worried about the test when you were told?
 - ___ 1 yes
 - ___ 2 no
 - ___ 3 don't remember

5. Do you remember what you were told?
 - ___ 1 yes
 - ___ 2 no

6. How anxious or worried were you about the hearing screen?
 - ___ 1 not worried
 - ___ 2 mildly worried
 - ___ 3 somewhat worried
 - ___ 4 worried
 - ___ 5 very worried

7. Did you receive a brochure about the screen program?
 - ___ 1 yes
 - ___ 2 no
 - ___ 3 don't remember
 - a. If yes, was the brochure helpful?
 - ___ 1 yes
 - ___ 2 no
 - ___ 9 not applicable

8. Do any family members have a hearing loss?

___ 1 yes

___ 2 no

a. If yes, which ones?

Mother-s side:

self (mother)

grandmother

sister

aunt

niece

grandfather

brother

uncle

nephew

Father-s side: self (baby-s father)

grandmother

sister

aunt

niece

grandfather

brother

uncle

nephew

b. Do any of these family members wear hearing aids? Which ones? _____

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Today's Date: ____ / ____ / ____
Your Child's Date of Birth: ____ / ____ / ____
Your Date of Birth: ____ / ____ / ____
Sex: M or F

Ritrack#: _____
Mother's Med. Rec. #: _____
Gest. Age: _____ weeks
Birthweight: _____ grams

B. Re-Screen Appointment Questions

9. What did you expect to happen at the re-screen appointment?

- 1 hearing test
- 2 didn't know what to expect
- 3 other _____
- 9 not applicable

10. Were you given any results at the re-screen appointment?

- 1 yes
- 2 no
- 3 partial
- 4 don't remember
- 9 not applicable

Explain _____

11. Do you know what kind of trained staff performed the re-screen?

- 1 screening technician
- 2 nurse
- 3 audiologist
- 4 don't know
- 9 not applicable

12. How worried/anxious were you about the re-screen test?

- 1 not worried
- 2 mildly worried
- 3 somewhat worried
- 4 worried
- 5 very worried
- 6 don't remember
- 9 not applicable

13. How would you improve the statewide screening program?

1. Your date of birth: ____ / ____ / _____

2. Your relationship to the child (circle):

- 1 = Mother only 3 = Guardian/foster parent
2 = Mother & Father 4 = Other, specify: _____

3. Please circle your marital status:

- 1 = Married 3 = Divorced 5 = Other
2 = Single 4 = Widowed

4. What is the primary language spoken in your home?

- 1 = English 3 = Other, specify: _____
2 = Spanish 4 = Sign

5. Is a second language spoken within your home? ___ Yes ___ No

If yes, what is the secondary language?

- 1 = English 3 = Other, specify: _____
2 = Spanish 4 = Sign

6. Child's race (please circle):

- 1 = American Indian or Alaskan native
2 = Asian or Pacific Islander
3 = Black, Not of Hispanic Origin
4 = Hispanic
5 = White, Not of Hispanic Origin
6 = Other or Unknown

7. Highest grade completed or attended:

- a. Biological mother: _____
b. Caretaker (if not biological mother): _____
c. Biological father: _____
d. Male adult (if not biological father): _____

8. Usual Occupation

- a. Biological mother: _____
b. Caretaker (if not biological mother): _____
c. Biological father: _____
d. Male adult (if not biological father): _____

9. What is the total income in the child's household from all sources over the last year?

- 1 = < \$5,000 3 = \$10,000 - 19,999 5 = \$30,000 - 39,999 7 = >\$50,000
2 = \$5,000 - 9,999 4 = \$20,000 - 29,999 6 = \$40,000 - 49,999

10. Child's current ZIP code: _____

11. Child's medical insurance:

- 1 = Medicaid 3 = Private 5 = Self Pay
2 = Medicaid HMO 4 = Other HMO 6 = Unknown