



Parent Satisfaction Survey –Teleaudiology

GEHDI # _____

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

1. How many children are in your family? ____
2. When did you learn about teleaudiology testing for your baby?
 1 Guam EHDH Staff
 2 GEIS Staff
 3 At the hospital/clinic
 4 Other: _____
3. When you first heard about it, were you able to ask questions and get answers to any concerns you had?
 1 yes
 2 no
 3 somewhat
4. Were you worried about the teleaudiology testing?
 1 yes
 2 no
 3 somewhat
5. How anxious or worried were you about the teleaudiology testing?
 1 not worried
 2 mildly worried
 3 somewhat worried
 4 worried
 5 very worried
6. Did you receive any brochure or other information about the teleaudiology testing?
 1 yes
 2 no
 3 not sure
7. If yes, was the information helpful?
 1 yes
 2 no
 3 not applicable
8. What did you expect to happen at the teleaudiology appointment?
 1 hearing testing would be done
 2 didn't know what to expect
 3 other _____
9. Were you given any results after the teleaudiology appointment?
 1 yes
 2 no
 3 partial
 4 don't remember
 4 not applicable

10. Was the staff who conducted the teleaudiology testing supportive after informing you of the results of testing?

- 1 yes
 2 no
 3 somewhat
 4 don't remember

11. Do you know who the trained professional was who performed the teleaudiology testing?

- 1 pediatric audiologist
 2 audiometrist
 3 volunteer
 4 don't know
 5 not sure

12. Would you recommend that other parents consider teleaudiology for their baby's follow up testing?

- 1 yes
 2 no

13. Did you see a video describing the teleaudiology testing?

- 1 yes
 2 no

14. If so, did the video help you understand what to expect at the appointment?

- 1 yes
 2 no

15. How satisfied were you with today's services?

- 1 highly satisfied
 2 satisfied
 3 somewhat satisfied
 4 not satisfied at all

14. What suggestions do you have for improving teleaudiology services?

Thank you for completing this survey!