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School Entry Hearing Screening

Questionnaire for parents and carers (version 1.2: 26.09.13)



UNITED KINGDOM · CHINA · MALAYSIA

Participant identifier:

Date returned:

We thank you for completing and returning this questionnaire.

If you would like to be entered into a prize draw for a chance to win a £50 voucher of your choice, please provide us with some contact information on page 5.

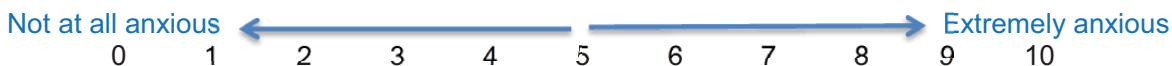
A: School Screen

1. Were you aware that your child was having their hearing checked at school?
Y / N (please circle one)

2. How did you find out that your child needed further testing for their hearing? (please circle one)

Letter taken home by child / Letter in the post / Telephone / Other, please state _____

3. When you heard that your child needed further testing for their hearing, how anxious did you feel? Please indicate by circling the appropriate number below:



4. How many hospital or clinic appointments did your child attend (in total) after being told they needed further testing for their hearing? _____

B: Opinion

5. How much do you agree with the following statement; “children should have their hearing checked at school”. (Please circle one)

Strongly agree / Agree / No opinion / Disagree / Strongly disagree

6. What are the good things about your child having their hearing checked at school?

7. What are the not so good things about your child having their hearing checked at school?

8. Do you have any further comments?

C: Impact

9. WHEN COMPLETING THE QUESTIONS BELOW PLEASE CONSIDER THE FIRST FIVE APPOINTMENTS THAT YOUR CHILD MAY HAVE HAD.

APPOINTMENTS

1st 2nd 3rd 4th 5th

How long was the journey from home to each appointment? *(please tick)*

Less than 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About 1 hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between 1 – 2 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 2 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you travel to each appointment? *(please tick all that apply)*

Bus or Tram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please state:	_____	_____	_____	_____	_____

How much did it cost to travel to each appointment? *(please state)*

Return no. of miles	_____	_____	_____	_____	_____
Parking (£)	_____	_____	_____	_____	_____
Tickets/Fares (£)	_____	_____	_____	_____	_____
Other (£)	_____	_____	_____	_____	_____

How long were you at each appointment? *(please tick)*

Less than 30 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between 30 minutes and 1 hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About 1 hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between 1 – 2 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 2 hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time was taken off work to attend each appointment? *(please tick)*

Not working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No time taken off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time did your child have off school to attend each appointment? *(please tick)*

None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Full day

10. Did any of the appointments prevent your child from taking part in activities or events that he/she would normally attend? Y / N (please circle one)

If yes, please state what. _____

If yes, how many times were these activities or events missed? _____

11. Did any of the appointments prevent you from taking part in activities or events that you would normally attend? Y / N (please circle one).

If yes, please state what. _____

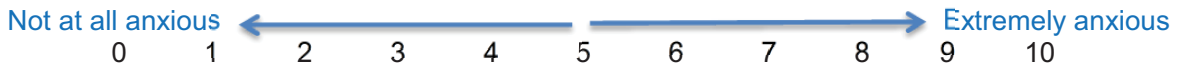
If yes, how many times were these activities or events missed? _____

12. Did attending appointments cause problems for other members of your family?

Y / N (please circle one). If yes, please state how: _____

13. When your child attended hospital or clinic appointments, how anxious did you feel?

Please indicate by circling the appropriate number below:



D: Background Information

14. Your Child's Gender: Male / Female (please circle one)

15. Your Child's Ethnicity: (please tick one)

White	<input type="checkbox"/>
Mixed / Multiple ethnic groups	<input type="checkbox"/>
Asian / Asian British	<input type="checkbox"/>
Black / African / Caribbean / Black British	<input type="checkbox"/>
Other ethnic group	<input type="checkbox"/>

16. Please provide the name of your child's school: _____

Thank you for taking the time to complete this questionnaire. Your information will remain confidential. Please return your completed questionnaire in the prepaid envelope provided.

We may conduct a telephone interview to gain some further information about the school hearing screening process from a parent's point of view. While not everyone would be contacted, if you would like to be considered, please supply your details on the next page:

Please tick any boxes that apply to you:

I would like to be considered for a telephone interview; Yes No
I would like to be entered into a prize draw to win a £50 voucher of my choice Yes No

Contact Details:

Name: _____ Telephone Number: _____

Your contact details will be used if we decide to call you about your responses on the questionnaire or if you win the prize draw.
Your details will not be used for any other reason and they will be destroyed once the study has ended.