



【Checklist for Hearing Aid】

Name: _____ Date of Birthday: _____ Student ID : _____ Date

Completed : _____

1. Left : ☐ No ☐ Hearing Aid ☐ Cochlear Implant

Make (e.g. Phonak, AB) : _____ Model (e.g. Safari 300SP, Cochlear N6) : _____

Right : ☐ No ☐ Hearing Aid ☐ Cochlear Implant

Make (e.g. Phonak, AB) : _____ Model (e.g. Safari 300SP, Cochlear N6) : _____

2. Hearing Aid Type: ☐ None ☐ Bone conduction ☐ Air conduction ☐ Cross ☐ Other : _____

3. During the first year after your child was fit with hearing aids, how many hours a day did she/he wear? _____ Hours ;

☐ Child was fit less than 1 year ago

4. How many hours a day does your child currently wear the aid(s)?

Weekday (Monday to Friday) : _____ Hours

Weekend (Saturday to Sunday) : _____ Hours

5. How long does your child sleep per day, including naps? _____ Hours

6. When your child wakes from sleep (morning or nap), how much time does she/he require before the hearing aid goes on? _____ Hours/Minutes

7. Put a ✓ in the boxes below to indicate how consistently your child uses hearing aids

in the situations listed:

Situation	Never	Rare	Often	Always	N/A
Home					
Car					
Public Transport (e.g. Train, Metro Railway Transit)					
PreSchool/School					
Day Care					
Meal Time					
Playing Alone					
Book Sharing					
Playground					
Public (e.g. store, zoo, restaurant)					

8. Are there any particularly challenging times or situations for you or the child for keeping the hearing aid(s) on?

References :

Walker, E. A., Spratford, M., Moeller, M. P., Oleson, J., Ou, H., Roush, P., & Jacobs, S. (2013). Predictors of hearing aid use time in children with mild-to-severe hearing loss. *Language, Speech, and Hearing Services in Schools*, 44(1), 73-88.