

Expectations Questionnaire FOR CHILDREN (EQC)



hearLIFE

Expectations Questionnaire

What is the Expectations Questionnaire?

The following questionnaire has been designed for use by professionals working with families with young children prior to cochlear implantation. Caregivers are encouraged to complete the questionnaire in the presence of the professional to facilitate discussion and consolidate understanding of the factors that affect a child's outcomes following cochlear implantation.

Instructions for families

Complete this questionnaire during discussion with your hearing implant professional to help you think through what to expect from a cochlear implant. The questions are designed to assist you in understanding the benefits and limitations of a cochlear implant in addition to the factors that are likely to affect your child's outcomes.

Expectations Questionnaire for Children

My child will...

1. NEED TO WEAR THE EXTERNAL DEVICE ALL WAKING HOURS

Please circle: True Likely Possible Unlikely False

Please comment:
.....
.....
.....

2. TAKE SOME TIME ADJUSTING TO NEW AND DIFFERENT SOUNDS

Please circle: True Likely Possible Unlikely False

Please comment:
.....
.....
.....

3. NEED MY HELP TO PRACTISE LISTENING WITH THE DEVICE

Please circle: True Likely Possible Unlikely False

Please comment:
.....
.....
.....

4. HEAR MORE ENVIRONMENTAL SOUNDS

Please circle: True Likely Possible Unlikely False

Please comment:
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.....
.....

5. BE ABLE TO IDENTIFY WHERE SOUNDS COME FROM

Please circle: True Likely Possible Unlikely False

Please comment:
.....
.....
.....

Expectations Questionnaire for Children

My child will...

6. DEVELOP SPOKEN LANGUAGE

Please circle: True Likely Possible Unlikely False

Please comment:

7. HAVE SPEECH THAT IS CLEAR AND EASY TO UNDERSTAND

Please circle: True Likely Possible Unlikely False

Please comment:

8. UNDERSTAND WHAT PEOPLE SAY WITHOUT HAVING TO LIPREAD

Please circle: True Likely Possible Unlikely False

Please comment:

9. UNDERSTAND PEOPLE NEARBY WHEN THERE IS BACKGROUND NOISE

Please circle: True Likely Possible Unlikely False

Please comment:

10. LEARN TO READ

Please circle: True Likely Possible Unlikely False

Please comment:

Expectations Questionnaire for Children

My child will...

11. NEED TO USE AN ASSISTIVE LISTENING DEVICE (for example, an FM System)

Please circle: True Likely Possible Unlikely False

Please comment:
.....
.....
.....

12. CONTINUE TO WEAR A HEARING DEVICE IN THE OTHER EAR

Please circle: True Likely Possible Unlikely False

Please comment:
.....
.....
.....

13. ENJOY MUSIC

Please circle: True Likely Possible Unlikely False

Please comment:
.....
.....
.....

14. BE ABLE TO USE THE TELEPHONE

Please circle: True Likely Possible Unlikely False

Please comment:
.....
.....
.....

15. HAVE NORMAL HEARING

Please circle: True Likely Possible Unlikely False

Please comment:
.....
.....
.....

Expectations Questionnaire for Children

ANY OTHER QUESTIONS OR COMMENTS

[A series of 25 horizontal dotted lines for writing.]

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