

Checklist for Hearing Aid and FM Fitting

Subject #: _____ D.O.B. _____ Date Completed: _____

1. Hearing Aid Make: _____ 2. Model: _____ 3. Type: _____

4. Fitting: monaural _____ binaural _____ 5. FM use: home _____ school _____

6. Does your child use different hearing aids at home and at school? Yes No

7. During the school year, how many **hours a day** does your child wear the aid(s)?

Monday-Friday _____

Saturday-Sunday _____

7.b. During the summer, how many **hours a day** does your child wear the hearing aid(s)?

Monday-Friday _____

Saturday-Sunday _____

Put an X in the boxes below to indicate how consistently your child uses HAs in the situations listed:

Situation	Never (0)	Rare (1)	Sometimes (2)	Often (3)	Always (4)	N/A
8. Car						
9. School						
10. After school program or Day Care						
11. Meal Time						
12. Recreation with friends						
13. Sports/Extracurricular						
14. Playing alone						
15. Playground						
16. Public (store, zoo, restaurant)						

17. Describe any other situations when the child does not typically wear the hearing aid (not covered above). _____

18. Are there any particularly challenging times or situations where your child prefers NOT to wear the hearing aid(s)?

If so, how do you typically handle this?

19. Is there anything that bothers your child about using hearing aids at home or at school?

20. If so, how do you typically handle this? _____

21. Anything else we should know? _____

CARE OF THE HEARING AIDS

22. Does your family own the following?

Dry Aid Kit? Yes No

Listening Tube? Yes No

Battery Tester? Yes No

23. Is it your expectation that your child should manage his or her own hearing aids? In other words, do you think your child is currently old enough to accept this responsibility?

Yes No Why or Why not? _____

24. If you are encouraging your child to manage the hearing aids independently, are you meeting any resistance from the child?

Yes No Not Applicable (my child is not doing this yet)

We are interested in knowing at what ages students become increasingly independent in caring for their hearing devices. Please use the scale below to indicate whether you, your child or someone else (school staff or other professional) usually completes the following care/maintenance activities. Check the appropriate boxes.

	Usually Parent	Parent or Child	Usually Child	Other (School)	Not done regularly
25. Uses battery tester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Performs a listening check on hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Cleans earmolds of wax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Places hearing aids in protective case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Uses dry aid kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Discovers hearing aid malfunction (distorted sound, cutting in and out, weak sound)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF CHILD DOES NOT USE FM STOP HERE**PERSONAL FM USE QUESTIONS**

31. Does your child have an FM system for personal (outside of school) use? ___ Yes ___ No

If you answered yes to question #31 please answer questions 32-43 regarding your child's use of personal FM.

32. At what age was the FM system dispensed? _____

33. What is the average use time of your child's ***personal*** FM system per day? Please do not indicate the time your child uses FM in day care or K-12 classroom

___ 0 hours

___ 1-2 hours

___ 3-4 hours

___ 5-6 hours

___ 7-8 hours

___ 8+ hours

34. Put an X in the boxes below to indicate how consistently your child uses the personal FM system in the following situations:

Situation	Never (0)	Rare (1)	Sometimes (2)	Often (3)	Always (4)	N/A
35. Car						
36. School						
37. After school program or daycare						
38. Meal time						
39. Recreation with friends						
40. Sports/ Extracurricular						
41. Playing alone						
42. Other (please specify):						

43. Describe any challenges you encounter in using personal FM with your child:

SCHOOL FM USE QUESTIONS

44. Is FM used at school? Yes No

If yes, please answer questions 45 - 47 regarding your child's use of FM at school.

45. What type of FM system does your child use?

integrated receivers (FM is integrated into hearing aid body)

universal receivers (boot that connects to hearing aid)

telecoil or bluetooth device (e.g. neckloop, ICOM or similar)

unsure

other (please specify): _____

46. If your child uses a sound field system, skip this question. If your child uses binaural hearing aids, does the FM transmitter send the sound to both hearing aids? Yes No Unsure

47. Estimate the average use time of the FM system during the school day:

0 hours

1-2 hours

3-4 hours

5-6 hours

7-8 hours

8+ hours