

Parental Perceptions and Behavior Regarding Hearing Aid Monitoring and Maintenance in an Early Childhood Intervention Program

Richard Blair and James Blair
Utah State University

The value of early hearing detection and intervention is significantly undermined when hearing aids fail to perform consistently. A parent questionnaire was developed to investigate parent training and perceived competency in hearing aid care, ownership/use of test kit items, frequency of hearing aid checks, and reasons for not performing hearing aid checks. Thirty-one parent questionnaires were obtained from families of children with hearing aids who were enrolled in the Utah Parent Infant Program. Findings indicate that parents are generally well-equipped with the necessary tools to monitor hearing aid function, but they are not making regular use of these items. Many parents check hearing aids infrequently and/or improperly. Implications and potential solutions are discussed.

When considering the fundamental role of amplification in early hearing detection and intervention (EHDI) services, hearing aid malfunction has the potential to be a major barrier to successful developmental outcomes for the infant/child who is deaf or hard-of-hearing (d/hh). Furthermore, any benefit that might have been derived from EHDI programs could be compromised or nullified by the effect of a malfunctioning hearing aid. Appropriate amplification and consistent auditory stimulation through properly functioning hearing aids are essential to the effectiveness of any early intervention program. Unfortunately, many studies among school age children have indicated that hearing aids often fail to work, or are otherwise sub-par in their performance (Diefendorf & Arthur, 1987; Elfenbein, Bentler, Davis, & Niebuhr, 1988; Elfenbein, 1994; Most, 2002).

In the realm of hearing and hearing aids, it is important for parents to possess knowledge of the developmental impact of their child's hearing loss and the role that amplification can play in helping to compensate for their child's inability to hear. More specifically, parent knowledge of the hearing aid itself, the importance of amplification, and how to monitor, maintain, and troubleshoot hearing aids is essential in ensuring appropriate management of their child's hearing aids. Elfenbein (1994) noted, "although most parents are aware of the need to monitor hearing aids for signs of malfunction, they do not always have the equipment and the skills needed to accomplish the task" (p. 65). Elfenbein (1994) continued that:

Data from this sample indicate that hearing aid

monitoring programs conducted by the parents of preschoolers are inadequate. Only half of the families (N = 15) performed daily hearing aid checks. One third did not own the basic equipment needed to assess battery strength and sound quality. Even those who reported owning appropriate equipment and performing daily checks missed major signs of hearing aid malfunction. (p. 67)

In a study of parental knowledge and understanding of hearing loss and hearing aids, Blair, Wright, and Pollard (1981) found that, according to their criteria, 50% of the parents questioned (N = 96) had little or no knowledge about their child's hearing loss, and 61% had little or no information about their child's hearing aid. These studies clearly highlight the need for proper and effective parent education and training in relation to hearing aids.

In terms of the historical incidence of hearing aid malfunction in children, Diefendorf and Arthur (1987) found an average hearing aid malfunction rate of 29.2% (N = 10) in children 2 to 6 years of age over a period of several months, when gathering baseline data describing hearing aid performance prior to implementing an intervention program. Elfenbein, et al. (1988) reviewed studies of school age children's hearing aid performance over the 20 years preceding their study and found outcomes showing that, depending on the criteria used at any given time, 27% to 92% of children's hearing aids were malfunctioning. Elfenbein (1994) found a 33% (N = 15) incidence of hearing aid malfunction in a study of preschool children ranging in age from 16-54 months.

It is important to consider what can be done to reduce the incidence of hearing aid malfunction. Over the years, two important principles for reducing hearing aid malfunction have emerged: daily monitoring checks and parent/teacher education. Blair and Langan (2000) conducted a longitudinal study analyzing seven years of classroom hearing aid monitoring data for preschool, elementary, and junior-high children (N = 158). They found that with the use of daily monitoring checks, an average of 5.5% (range 3.0% to 10.9%) of hearing aids were malfunctioning when children entered the classroom each morning. Furthermore, they found that the average incidence of hearing aid malfunction was reduced even more, to less than 1%, once daily hearing aid checks were performed. The study by Diefendorf and Arthur (1987) considered the effects of daily monitoring and parent education on reducing hearing aid malfunction. The authors evaluated hearing aid malfunction rates in children before and after a parent training program and found that the average incidence of hearing aid malfunction had been reduced from 29.2% to 5.6%. Outcomes suggest that parents who better understand their child's hearing loss and the importance of amplification will be more likely to carry out daily hearing aid checks and see to their child's auditory needs.

The incidence of hearing aid malfunction, as well as the need for effective parent education and training with regard to hearing aid monitoring and maintenance, is well documented. Programs in early intervention provide parents with information about how to check hearing aids and teach parents the importance of care and maintenance of these instruments (Watkins, 2004). However, there is no research that has explored how well parents are using the information they obtain from a parent advisor concerning hearing aid care. The purpose of this study was to obtain a better understanding of parental perceptions and behavior with regard to (1) training and competency in hearing aid care, (2) ownership and use of a test kit, (3) frequency of hearing aid checks, and (4) reasons for not performing the hearing aid check. The understanding of this information is critical for early intervention programs. Therefore, the purpose of this study was to answer questions concerning parental knowledge and behavior relative to their children's hearing aids. These topics and questions included:

1. Hearing aid test kits: Contents and use. Do parents of children enrolled in the Utah Parent Infant Program (PIP) own a hearing aid test kit, and how frequently do they use its contents?
2. Hearing aid maintenance: Checks and cleanings.

How frequently do parents enrolled in the Utah PIP check and clean their child's hearing aids?

3. Parent perceptions: Training and abilities. Do parents feel confident in their training and abilities relative to hearing aid monitoring and maintenance, and for what reason might they not check their child's hearing aids daily?

Method

Subjects

Data collection for the study was provided by five of the seven parent advisors (PAs) for the Logan, Ogden, Salt Lake, and Provo regions in the state of Utah. These five PAs served a total of 36 families with children who were d/hh and wearing hearing aids. Children ranged from 5 to 35 months (average 22 months) of age. Enrollment in the PIP ranged from 2 to 35 months (average 12 months). Parent reports on how recently hearing aid training had been administered ranged from 1 to 24 months (average 8 months).

Procedure

Prior to beginning the study, PAs were provided in-service training regarding the data collection protocols. This training was provided by either the primary investigator or the program director. The items on the questionnaire were explained in detail to the PAs. The PAs were instructed to deliver the questionnaires to the parents and have the parents read the questions while the PAs were present. Then the PAs were to answer any questions about the questionnaire that the parents might have raised. PAs were responsible for the distribution and collection of the parent questionnaires and an informed consent form.

In total, 34 parent questionnaires were completed and returned, but only 31 were judged eligible for inclusion in the study. Three questionnaires were not used for the following reasons: (1) one child refused to wear his aids, appeared to do well without them, and recent behavioral testing indicated normal hearing; (2) one questionnaire was completed by someone other than the child's parent/guardian and the responses were not consistent; and (3) one child had a unilateral hearing loss and wore only one aid on an infrequent basis.

Questionnaire

A questionnaire consisting of 20 questions was developed by the first author and subsequently reviewed by two other audiologists. The revised questions were then reviewed by the Parent Infant Coordinator for the Utah School for the Deaf and modified to be more understandable for the parents. Finally, a pre-questionnaire was sent to three parents, outside of the geographical area where the data for

this study were collected, asking for their input on clarifications or modifications. Once this process was completed, the final questionnaire (see Appendix A) was sent to the participants of this study.

The questions were written in a multiple-choice format, with opportunities for parents to include additional information, if they chose to do so. Question 17 asked, "Is there any other information about your child's hearing aid/s that you would like to know?", and Question 18 asked, "What are the most frequent problems that you encounter with your child's hearing aid/s?" These were the only two open-ended questions on the questionnaire.

Results

Hearing Aid Test Kits: Contents and Use.

Parents were asked if they own a hearing aid test kit. Of the 31 study participants, 30 (96.7%) responded that they owned a kit. Of these, all 30 reported they owned a battery tester, all but one (96.7%) owned a hearing aid stethoscope, 24 (77.4%) owned an air-bulb, 22 (71.0%) a dri-aid kit, and 22 (71.0%) owned a wax brush. Of the 30 parents who reported that they owned a battery tester, the majority (N= 17, 56.7%) reported that they used it more than once a week (see Table 1). For the ten parents who owned a battery tester but did not report using it one day or more a week, five parents reported why they did not use this tool: two parents were not aware that they owned a tester until they answered the questions in the questionnaire, the other three parents reported that they only tested the battery when they suspected the battery was dead.

Of the 29 parents who indicated that they owned a hearing aid stethoscope, only five reported that they used it on a daily basis, and approximately half (N = 15, 51.7%) reported that they used it 2-3 days a week or less (see Table 1). Three parents reported

using their hearing aid stethoscope less than once a week. Of these, one reported using it "as needed," one indicated that it was used when a dead battery was suspected, and one parent reported never using the stethoscope at all.

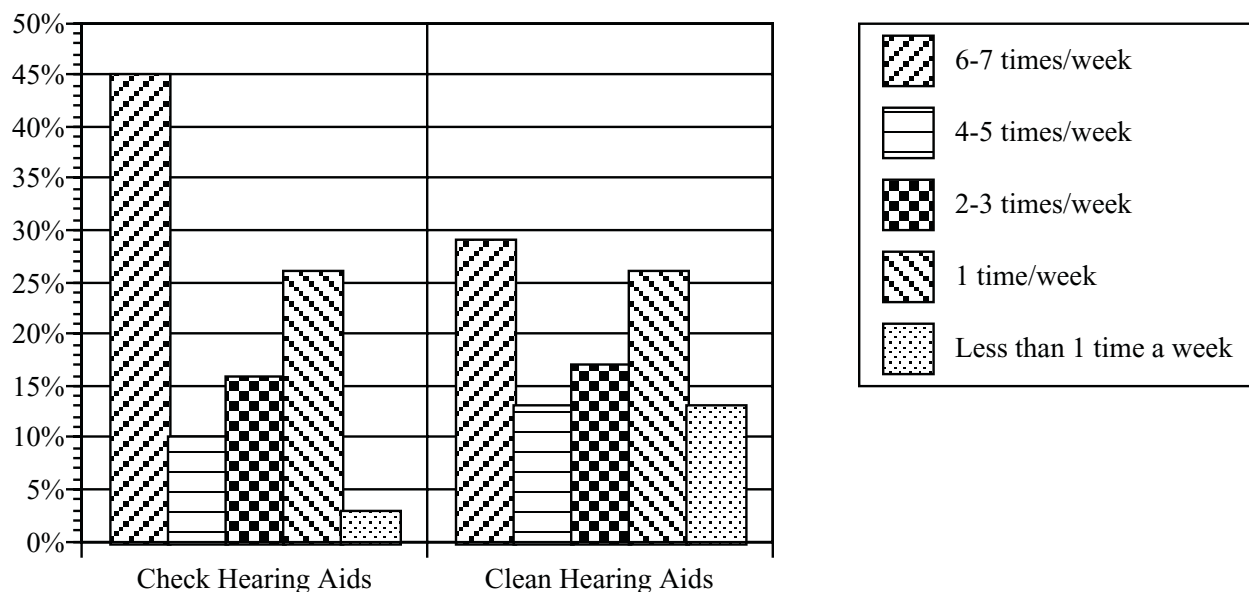
As may also be seen in Table 1, of the 24 parents who owned an air bulb and of the 22 who owned a dri-aid kit, more than half (N = 17 and N = 12, respectively) used them at least once a week. Seven of the 24 parents (29.2%) who owned an air bulb reported their frequency of use of this tool as "other." Of these seven, two said they never used it, four used it less than once a week, and one reported having lost it. Of the 22 parents who owned a dri-aid kit, ten indicated they used it less than once a week. Of these, seven reported that they had never used it (one parent indicated that she was not aware of what it was until the time of this study), and three indicated that they used it as needed (but less than once a week). Finally, of the 22 parents who indicated that they owned a wax brush, the majority (N = 17, 77.2%) reported that they used it once a week or more. Of the remaining five parents who reported "other" for their frequency of use, three indicated using it less than once a week (but as needed), and one indicated that the brush had been lost.

Hearing Aid Maintenance: Checks and Cleanings.

When asked how many times a week parents check their child's hearing aids, 14 parents (45.2%) indicated they do so daily, three parents (9.7%) reported checking the hearing aids at least 4-5 days a week, five parents (16.1%) reported checking their child's aids at least 2-3 days a week, and eight parents (25.8%) checked the aids only once a week. One parent reported checking the hearing aids less than once a week and only when they were not working (see Figure 1).

Table 1. Frequency of test-kit item use, as reported by parents.

	Daily	4-5 days /week	2-3 days /week	1 day /week	Other
Use of battery tester (N = 30)	6	3	8	3	10
Use of HA stethoscope (N = 29)	5	6	3	12	3
Use of air bulb (N = 24)	3	2	5	7	7
Use of dri-aid (N = 22)	3	1	1	7	10
Use of wax brush (N = 22)	9	0	4	4	5

Figure 1: The frequency of hearing aid checks and cleaning, as reported by parents.

The responses from parents who reported checking their child's hearing aids daily were examined more closely. Five of these parents reported daily use of the battery tester, two parents used it 4-5 days a week, two parents used it 2-3 days a week, three parents used it once a week, and two parents reported using it as needed. Similar results were found with the use of the listening stethoscope: five parents used it daily, two parents used it 4-5 times a week, two parents used it 2-3 times a week, and two parents reported using it as needed. Only three of the 14 parents who indicated that they checked the hearing aid daily were found to use the stethoscope and battery tester in conjunction daily.

When asked about cleaning practices during the week, nine parents (29%) indicated they clean their child's hearing aid daily, while four parents (12.9%) cleaned the hearing aid at least 4-5 times a week. Five of the parents (16.7%) cleaned the hearing aids at least 2-3 times a week and eight of the parents (25.8%) cleaned the aids once a week. Four parents (12.9%) cleaned the hearing aids less than once a week, but "as needed," and one parent reported cleaning the aid every other week (see Figure 1).

Parent Perceptions: Training and Abilities.

The questionnaire addressed specific questions concerning parents' perceptions regarding the training they received about hearing aids and their confidence and ability to work with hearing aids (see Appendix A). As described earlier, the parents were given some forced choices to describe their perceptions.

When parents were asked to rate how adequately they had been instructed to perform a daily hearing

aid check (very poor to very well), 29 parents (93.5%) rated their training as either "very well" or "good," with the remaining two parents (6.5%) rating their training as either "poor" or "OK." When asked about the adequacy of instruction provided on cleaning a hearing aid, 29 parents (93.5%) again rated their training as either "very well" or "good," with two parents indicating their training as being either "OK" or "poor."

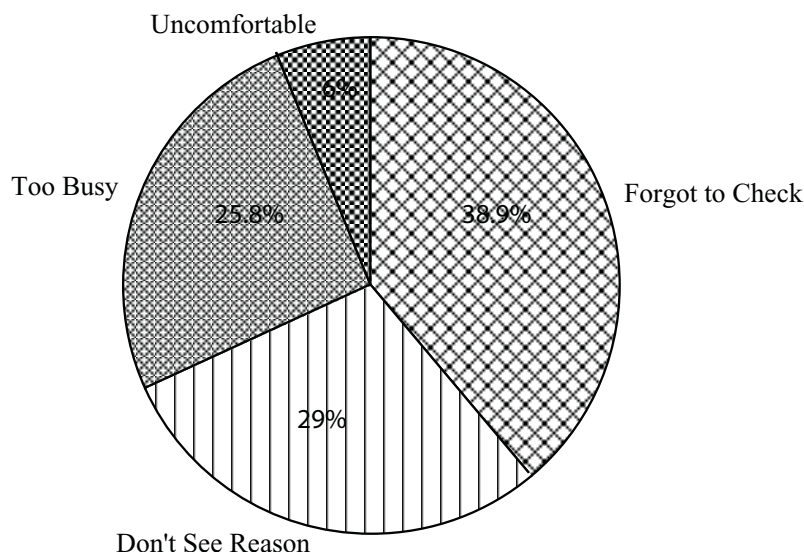
When parents were asked what percentage of the time they believed their child's hearing aids were working properly, 27 parents (87.1%) reported that they estimated good functioning 90% of the time or more. The remaining four parents (12.9%) included one parent who rated performance at 75%, and three parents who rated performance at 50%.

When parents were asked to rate how comfortable they felt checking their child's hearing aids, 28 parents (90.3%) reported feeling either "very comfortable" or "comfortable." The remaining three parents (9.7%) rated their comfort level for checking their child's hearing aids as "OK."

When asked about how much more training in hearing aid monitoring, care, and troubleshooting they needed, 15 parents (48.4%) responded that they needed no more help, 12 parents (38.7%) indicated that a brief overview would be helpful, and two parents (6.4%) indicated that comprehensive training would be helpful.

Finally, when asked what reason(s) parents might not check or clean their child's hearing aids on a daily basis, 12 parents (38.7%) reported that they meant to, but often forget to check, nine parents (29.0%)

Figure 2: Parents' reasons for not checking and cleaning their child's hearing aids daily.



reported that they did not see the reason for having to check and clean the aids daily, eight parents (25.8%) reported they are too busy and cannot find the time, and one parent indicated that he/she still did not feel comfortable with the task (see Figure 2).

Discussion

This study was completed with only 31 parents in the state of Utah. The results of this research cannot be generalized to a larger population and needs to be replicated to determine if these findings are representative across the United States. Utah, however, has had a parent-infant home intervention program for many years and represents the kind of parent advisor program that exists in many other states. Although this study is based on a small sample of parents with children who wear hearing aids, these findings and conclusions are important for all audiologists and parent advisors to read and consider.

Hearing Aid Test Kits: Contents and Use.

The first research question asked, "Do parents of children enrolled in the Utah PIP own a hearing aid test kit and how frequently do they use its contents?" Responses from thirty of the 31 parents indicated that they had a hearing aid trouble shooting kit, and every parent in the study reported having received some kind of training on hearing aid care and maintenance. However, some of the parents did not have some of the basic tools necessary for hearing aid monitoring and maintenance: 29% of parents did not own a wax brush, another 29% did not own a dri-aid kit, 23% did not own an air bulb, 6% did not own a hearing

aid stethoscope, and 3% were without a battery tester. No parent should be without any of the above items, nor should they be unfamiliar with their use or the reasons for using them. It was interesting to discover that even when parents owned the basic tools, they did not always make good use of these items. Only 16% of parents reported using their hearing aid stethoscope daily, and only 19% reported using their battery tester daily. These results suggest that families do not understand the importance of daily hearing aid checks. Audiologists, parent advisors, and others who work with families need to help them understand the importance of this practice.

Hearing Aid Maintenance: Checks and Cleanings.

The second research question asked, "How frequently do parents enrolled in the Utah PIP check and clean their child's hearing aids?" Results from this question reveal that parents are not checking and cleaning their child's hearing aids as frequently as hoped. The number of parents reporting that they cleaned their child's hearing aid daily was only 29%. In the case of cleaning hearing aids, it is difficult to state that hearing aids must be cleaned daily; children vary in their wax production, how much they perspire, etc. Therefore, cleaning should occur as needed, and not necessarily daily; however, the value of the hearing aid check is that a thorough examination can help determine when cleaning is necessary, as well as, when the hearing aid is not functioning properly.

These data reveal that some of the parents who check the hearing aids daily do not appear to be doing so thoroughly. For example, one of the parents that reported doing a daily check did not own a hearing aid stethoscope. Only five of the 14 parents that checked the hearing aid daily reported use of the battery tester, and results on the use of the stethoscope were similar with only five parents reporting daily use. Furthermore, of these 14 parents, only three reported daily use of the stethoscope and battery tester together. It appears that in many instances, the hearing aid check performed by parents who monitor them daily is nothing more than a "whistle check" (i.e. cupping the hearing aid in the hand and causing it to feedback to determine whether or not it is turned on).

This finding leads to the concern that the parent definition of "daily hearing aid check" may be different from the professional definition.

What parents do in a hearing aid check and what audiologists/parent advisors recommend are sometimes very different because in some parents' minds it appears that the "whistle check" is sufficient. It is, therefore, important to be more descriptive/detailed in follow-up sessions with parents. If audiologists or parent advisors ask the parent, "Are you checking the hearing aids?" the response will likely be "yes." However, the quality and frequency of the hearing aid check remains unknown unless the professional probes further.

It appears that confusion regarding the purpose of the stethoscope exists for many of these parents, since only 16% of the respondents reported its daily use. Two parents' comments particularly exemplify this confusion. When asked about the frequency with which they used the stethoscope for checking their child's aids, one parent reported using it only weekly, but that (s)he would stick the hearing aid up to his/her ear daily. Another parent said (s)he tried it once, but stopped because the purpose was not clear.

The need for a hearing aid stethoscope is especially important for parents of infants, since sound quality from the hearing aid needs to be consistent. The likelihood that an aid could be damaged and producing distorted or inadequate sound is great, since infants tend to tamper with hearing aids by taking them out, giving them to the dog, sucking on them, or abusing them in a variety of ways. Without consistent listening checks, parents, audiologists, and parent advisors cannot be certain that children are hearing clear and consistent information from their hearing aids.

A similar problem exists with the battery tester because parents are not using it enough (19% daily). Two parents' comments best exemplify this lack of use. One parent reported that (s)he uses it less than once a week, "only when we suspect a battery may be dead." The second parent explained, "I don't test them. I just change them every two weeks. I just found out that I do have a battery tester." Parents need to be told that although a hearing aid's battery life is typically two weeks, this is a generalization and not an absolute truth. The amount of gain required from the hearing aid, length of use each day, the age of the batteries, and normal random variation in battery life will affect how long a battery lasts. Parents need to be instructed that the real value of a battery tester is not in determining if a battery is dead. Its value is in determining if the charge is too weak and not likely to last the entire day. Regular battery testing is about being both corrective and preventative. A simple daily battery check will ensure the parent that the child's aids have sufficient power to last the day, whereas, a

"whistle check" cannot provide this guarantee.

Parent Perceptions: Training and Abilities.

The final research question, "Do parents feel confident in their training and abilities relative to hearing aid monitoring and maintenance, and for what reason might they not check their child's hearing aids daily?" helps to identify perhaps the biggest problem: parents do not understand the critical importance of hearing aid maintenance. Parents view what they are doing as adequate, when in reality more is needed. Audiologists and parent advisors have not sufficiently stressed the importance of the daily hearing aid check. If parents understood that hearing aid monitoring and maintenance could be the difference between success and failure in their child's developmental outcomes, they would likely take hearing aid care more seriously. Audiologists and parent advisors need to teach correct concepts clearly, strongly, and more frequently.

Based on the data in this study, parents have established poor routines in the care of their child's hearing aids, given the infrequency of checks and the inconsistent use of the prescribed tools. The data also reveal that while most of these parents believe they received sufficient training, their actual performance indicates they did not always understand their training or the audiologist/parent advisor failed to convey the training's importance. In most cases, parents know how to check and clean the aids, but as professionals, we have not given them a sufficient reason to make it a priority.

In future studies, it would be useful to look at the practices of audiologists and parent advisors with regard to their methods for training and follow-up, especially as they relate to parental hearing aid monitoring and maintenance. Perhaps it is appropriate to consider a new approach for instructing parents. The call for better teaching and more frequent follow-up could be addressed through the development of an instructional DVD, which could include demonstrations, research, and parent testimonials. Reading materials written in such a way that parents can understand them need to be provided. In addition, professionals could develop brochures, pamphlets, or informative websites that parents would access after instruction has been provided in the home.

Conclusion

A question that needs to be answered is, "What is best practice with regard to hearing aid monitoring?" Certainly a daily hearing aid check using the battery tester and listening stethoscope would be ideal, but is this realistic, or even necessary? The best way to answer this question is to look at previous literature, which states hearing aids that are properly monitored on a daily basis function better. A hearing aid check

utilizing a battery tester and hearing aid stethoscope is something that could be done quite easily. This is a quick and simple routine that should be integrated into parents' daily activities. The time between hearing aid checks should never span more than two days. Parents will only take the task seriously if they are given sufficient reasons. This can be done through effective and regular follow-up and training. The parent who checks his or her child's hearing aids daily with a listening stethoscope and battery tester will be able to recognize even the most subtle changes in the aid's performance and will be more adept at monitoring its performance and detecting problems.

Acknowledgements

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Appendix A Parent Questionnaire

Date: _____

Participant Number _____

Please answer the questions listed below. We appreciate your help in gathering information about hearing aids and their care and maintenance.

What is the age of your child? ____ Years ____ Months

How long has your child been enrolled in the Parent Infant Program? ____ Years ____ Months

1. Have you received training for hearing aid maintenance? Yes No

2. If you answered "yes" to question 1, who provided that training (mark all that apply)?

- a. The audiologist who fit your child's hearing aid
- b. Another audiologist
- c. The Parent Advisor form the Parent Infant Program
- d. Another parent
- e. Other (please specify) _____

3. Please indicate which of these individuals were most helpful to you in providing training on care and monitoring of your child's hearing aids (mark all that apply).

- a. The audiologist who fit your child's hearing aid
- b. Another audiologist
- c. The Parent Advisor form the Parent Infant Program
- d. Another parent
- e. Other (please specify) _____

4. Please indicate how adequately you feel you have been instructed regarding how to perform a daily check on your child's hearing aid/s.

- a. Very well
- b. Good
- c. OK
- d. Poor
- e. Very Poor

5. Please rate how adequately you feel you have been instructed regarding how to clean/maintain your child's hearing aid/s.

- a. Very well
- b. Good
- c. OK
- d. Poor
- e. Very Poor

6. Please rate how adequately you feel you have been instructed regarding how to troubleshoot your child's hearing aid/s.

- a. Very well
- b. Good
- c. OK
- d. Poor
- e. Very Poor

7. Do you own any of the following items?

- a. Hearing aid batter tester Yes No
- b. Hearing aid listening tube (stethoscope) Yes No
- c. Hearing aid moisture kit Yes No
- d. Wax brush Yes No
- e. Air bulb Yes No

8. If you own any of the above items, have you been told:

- a. To purchase them Yes No
b. How and where to purchase them Yes No

9. Please indicate how frequently you use the items listed below when checking or cleaning your child's hearing aid/s.

a. Hearing aid battery tester?

- (1) 6-7 days of the week
(2) 4-5 days a week
(3) 2-3 days a week
(4) Once a week
(5) Other (please explain) _____

b. Hearing aid listening tube (stethoscope)?

- (1) 6-7 days a week
(2) 4-5 days a week
(3) 2-3 days a week
(4) Once a week
(5) Other (please explain) _____

c. Hearing aid moisture kit?

- (1) 6-7 days a week
(2) 4-5 days a week
(3) 2-3 days a week
(4) Once a week
(5) Other (please explain) _____

d. Air bulb to remove earwax or moisture in earmold or tubing?

- (1) 6-7 days a week
(2) 4-5 days a week
(3) 2-3 days a week
(4) Once a week
(5) Other (please explain) _____

e. Wax brush for earwax removal on earmold?

- (1) 6-7 days a week
(2) 4-5 days a week
(3) 2-3 days a week
(4) Once a week
(5) Other (please explain) _____

10. Do you feel confident that you know how to properly use the items listed below?

- a. Hearing aid battery tester Yes No
b. Hearing aid listening tube (stethoscope) Yes No
c. Hearing aid moisture kit Yes No
d. Air bulb Yes No

11. How many times a week do you check your child's hearing aid/s?

- a. 6-7 days of the week
b. 4-5 days a week
c. 2-3 days a week
d. Once a week
e. Other (please explain) _____

12. How many times a week do you clean your child's hearing aid/s?
 - a. 6-7 days of the week
 - b. 4-5 days a week
 - c. 2-3 days a week
 - d. Once a week
 - e. Other (please explain) _____
13. How much of the time do you believe that your child's hearing aid/s are working properly?
 - a. 100%
 - b. 90%
 - c. 75%
 - d. 50%
 - e. 25%
 - f. Less than 25%
14. Please rate how comfortable you feel checking your child's hearing aid/s?
 - a. Very comfortable
 - b. Comfortable
 - c. OK
 - d. Uncomfortable
 - e. Very uncomfortable
15. Please rate your level of proficiency for troubleshooting your child's hearing aid/s
 - a. Very proficient
 - b. Somewhat proficient
 - c. Barely proficient
 - d. Less than proficient
 - e. Not proficient at all
16. What do you typically do in the event that you find a problem with your child's hearing aid/s?
 - a. Call your parent advisor
 - b. Wait for your parent advisors scheduled visit
 - c. Wait for your next scheduled appointment with your audiologist
 - d. Other (please explain) _____
17. Is there any other information about your child's hearing aid/s that you would like to know? (If yes, please indicate what that would be)? Yes No
18. What are the most frequent problems that you encounter with your child's hearing aid/s? (Please specify below)
19. For what reasons might you not check or clean your child's hearing aid/s on a daily basis? (Please check all that apply.)
 - a. I'm too busy and can't find the time
 - b. I mean to but I often forget to check them
 - c. I'm not sure what to do
 - d. I don't see a reason for having to check and clean them every day
 - e. I've been shown how to check and clean hearing aid/s but I still don't feel comfortable doing it.
 - f. Other (please explain) _____
20. How much more training in hearing aid monitoring, care, and troubleshooting do you feel you need?
 - a. None, I think I am doing well
 - b. A brief review would be helpful
 - c. I need comprehensive training
 - d. Other (please explain) _____