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# DESCRIBING YOUR CHILD'S LIFE

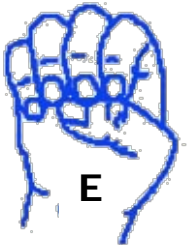
Parents of children ages 5-7



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To all parent and guardians:

Many parents are taking part in this important survey. This survey will help us understand your thoughts and concerns so that better programs can be developed to improve the lives of young people who are deaf or hard-of-hearing.

The questions in this survey ask about a wide range of concerns and feelings. Some of these may or may not be important to you.

This is NOT a test; there are no right or wrong answers. Please answer as honestly as you can. Your responses will be kept strictly confidential.

Thank you for your help!

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# DESCRIBING THE LIFE OF YOUR CHILD WHO IS DEAF OR HARD-OF-HEARING

- For each question, please circle the answer that best describes how closely the statement applies to your child in this study.
- Base your answers only upon what you have actually observed or that someone else (teacher, family member, friend) has seen your child do.
- There are no right or wrong answers.
- Some of the questions might be hard for you to answer, but please answer ALL of the questions to the best of your knowledge.

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## THE FOLLOWING ITEMS REFER TO THE PAST 7 DAYS WITH YOUR CHILD WHO IS DEAF OR HARD-OF-HEARING....

During the *past 7 days* concerning your child who is deaf or hard-of-hearing:

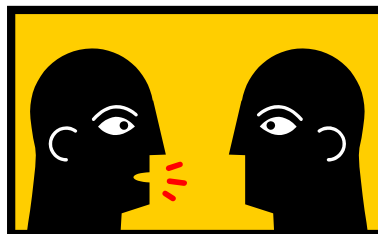
1. How often did you observe or learn that your child...  
 ... **missed out** on things that were said during family conversations because s/he is deaf or hard-of-hearing? (*please circle your answer*)

NEVER 0	RARELY (ONCE DURING WEEK) 1	SOMETIMES (2-3 TIMES) 2	OFTEN (DAILY) 3	VERY OFTEN (MORE THAN ONCE PER DAY) 4
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During the *past 7 days* concerning your child who is deaf or hard-of-hearing:

2. How often did you observe or learn that your child...  
 ... **had to try** several ways to communicate with people to help them understand her/him? (*please circle your answer*)

NEVER 0	RARELY (ONCE DURING WEEK) 1	SOMETIMES (2-3 TIMES) 2	OFTEN (DAILY) 3	VERY OFTEN (MORE THAN ONCE PER DAY) 4
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During the *past 7 days* concerning your child who is deaf or hard-of-hearing:

3. How often did you observe or learn that your child...  
 ... **started** conversations with children his/her age? (*please circle your answer*)

NEVER 0	RARELY (ONCE DURING WEEK) 1	SOMETIMES (2-3 TIMES) 2	OFTEN (DAILY) 3	VERY OFTEN (MORE THAN ONCE PER DAY) 4
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**During the *past 7 days* concerning your child who is deaf or hard-of-hearing:**

4. How often did your child...  
 ...**tell you** (or another parent/caregiver) what went on during his/her day (*please circle your answer*)
- |            |                                   |                               |                       |   |
|------------|-----------------------------------|-------------------------------|-----------------------|---|
| NEVER<br>0 | RARELY<br>(ONCE DURING WEEK)<br>1 | SOMETIMES<br>(2-3 TIMES)<br>2 | OFTEN<br>(DAILY)<br>3 | VERY OFTEN<br>(MORE THAN ONCE PER DAY)<br>4 |
|------------|-----------------------------------|-------------------------------|-----------------------|---|

**During the *past 7 days* concerning your child who is deaf or hard-of-hearing:**

5. How often did you observe or learn that your child...  
 ...**participated in** family conversations at meal times in the home? (*please circle your answer*)
- |            |                                   |                               |                       |   |
|------------|-----------------------------------|-------------------------------|-----------------------|---|
| NEVER<br>0 | RARELY<br>(ONCE DURING WEEK)<br>1 | SOMETIMES<br>(2-3 TIMES)<br>2 | OFTEN<br>(DAILY)<br>3 | VERY OFTEN<br>(MORE THAN ONCE PER DAY)<br>4 |
|------------|-----------------------------------|-------------------------------|-----------------------|---|

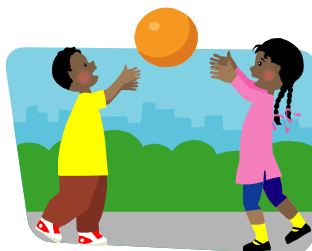
**During the *past 7 days* concerning your child who is deaf or hard-of-hearing:**

6. How often did you observe or learn that your child...  
 ... **spent time alone** away from family activities because s/he is deaf or hard-of-hearing? (*please circle your answer*)
- |            |                                   |                               |                       |   |
|------------|-----------------------------------|-------------------------------|-----------------------|---|
| NEVER<br>0 | RARELY<br>(ONCE DURING WEEK)<br>1 | SOMETIMES<br>(2-3 TIMES)<br>2 | OFTEN<br>(DAILY)<br>3 | VERY OFTEN<br>(MORE THAN ONCE PER DAY)<br>4 |
|------------|-----------------------------------|-------------------------------|-----------------------|---|

**THE FOLLOWING ITEMS REFER TO THE PAST 4 WEEKS WITH YOUR CHILD WHO IS DEAF OR HARD-OF-HEARING**

**During the *past 4 weeks* concerning your child who is deaf or hard-of-hearing:**

7. How often did you observe or learn that your child...  
 ...**communicated** comfortably with **children** outside the home? (*please circle your answer*)
- |            |                                  |   |                                      |  |
|------------|----------------------------------|---|--------------------------------------|--|
| NEVER<br>0 | RARELY<br>(ONCE IN 4 WEEKS)<br>1 | SOMETIMES<br>(LESS THAN ONCE A WEEK)<br>2 | OFTEN<br>(AT LEAST ONCE A WEEK)<br>3 | VERY OFTEN<br>(MORE THAN ONCE A WEEK)<br>4 |
|------------|----------------------------------|---|--------------------------------------|--|



**During the past 4 weeks concerning your child who is deaf or hard-of-hearing:**

8. How often did you observe or learn that your child...  
 ...**gave up** on something that s/he wanted to do because of problems communicating? *(please circle your answer)*
- |            |                                  |   |                                      |  |                     |
|------------|----------------------------------|---|--------------------------------------|--|---------------------|
| NEVER<br>0 | RARELY<br>(ONCE IN 4 WEEKS)<br>1 | SOMETIMES<br>(LESS THAN ONCE A WEEK)<br>2 | OFTEN<br>(AT LEAST ONCE A WEEK)<br>3 | VERY OFTEN<br>(MORE THAN ONCE A WEEK)<br>4 | NOT APPLICABLE<br>7 |
|------------|----------------------------------|---|--------------------------------------|--|---------------------|

**During the past 4 weeks concerning your child who is deaf or hard-of-hearing:**

9. How often did you observe or learn that your child...  
 ...**participated** in family conversations at large family gatherings? *(please circle your answer)*
- |            |                                  |   |                                      |  |
|------------|----------------------------------|---|--------------------------------------|--|
| NEVER<br>0 | RARELY<br>(ONCE IN 4 WEEKS)<br>1 | SOMETIMES<br>(LESS THAN ONCE A WEEK)<br>2 | OFTEN<br>(AT LEAST ONCE A WEEK)<br>3 | VERY OFTEN<br>(MORE THAN ONCE A WEEK)<br>4 |
|------------|----------------------------------|---|--------------------------------------|--|



**During the past 4 weeks concerning your child who is deaf or hard-of-hearing:**

10. How often did you observe or learn that your child...  
 ...**was bullied** because s/he is deaf or hard-of-hearing? *(please circle your answer)*
- |            |                                  |   |                                      |  |
|------------|----------------------------------|---|--------------------------------------|--|
| NEVER<br>0 | RARELY<br>(ONCE IN 4 WEEKS)<br>1 | SOMETIMES<br>(LESS THAN ONCE A WEEK)<br>2 | OFTEN<br>(AT LEAST ONCE A WEEK)<br>3 | VERY OFTEN<br>(MORE THAN ONCE A WEEK)<br>4 |
|------------|----------------------------------|---|--------------------------------------|--|

**During the past 4 weeks concerning your child who is deaf or hard-of-hearing:**

11. How often did you observe or learn that your child...  
 ...**spent time** enjoying him/herself with children his/her age outside of school? *(please circle your answer)*
- |            |                                  |   |                                      |  |
|------------|----------------------------------|---|--------------------------------------|--|
| NEVER<br>0 | RARELY<br>(ONCE IN 4 WEEKS)<br>1 | SOMETIMES<br>(LESS THAN ONCE A WEEK)<br>2 | OFTEN<br>(AT LEAST ONCE A WEEK)<br>3 | VERY OFTEN<br>(MORE THAN ONCE A WEEK)<br>4 |
|------------|----------------------------------|---|--------------------------------------|--|

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE**