

Parent Expectations Questionnaire for Cochlear Implants

Child's Name: _____

Date: _____

Instructions: Please consider whether you agree or disagree with each statement, and indicate your response with the number that you think best describes you and your child.

COMMUNICATION ABILITIES:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
With the cochlear implant my child.....					
will be able to use the telephone.	1	2	3	4	5
will be able to easily <u>detect</u> even very quiet sounds in his/her environment (e.g., a whisper).	1	2	3	4	5
will be able to understand speech without relying completely on lip reading.	1	2	3	4	5
speech will be intelligible.	1	2	3	4	5
speech will be intelligible even for people who are unfamiliar with him/her.	1	2	3	4	5
will be able to follow a conversation with a group of people.	1	2	3	4	5
will be able to easily participate in social conversations.	1	2	3	4	5
will be able to easily understand others without having them repeat themselves several times.	1	2	3	4	5
will NOT need to look at the speaker's face.	1	2	3	4	5
will NOT need to use sign language at all.	1	2	3	4	5
will communicate easily with his/her family.	1	2	3	4	5
will not have any difficulties participating in a family conversation during mealtime.	1	2	3	4	5
will improve his/her communication skills (language and speech) tremendously.	1	2	3	4	5
will be able to produce a variety of speech sounds.	1	2	3	4	5
SOCIAL SKILLS:					
With the cochlear implant my child...					
will easily make friends with hearing peers.	1	2	3	4	5
will be accepted by his classroom hearing peers.	1	2	3	4	5
social skills will improve tremendously.	1	2	3	4	5

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ACADEMIC ACHIEVEMENTS:

With the help of the cochlear implant, my child...

will improve tremendously in his / her academic achievements.

will achieve high standards in reading and writing.

will achieve high standards in math.

will be able to participate easily in a regular classroom setting.

learning abilities will improve tremendously.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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1	2	3	4	5
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1	2	3	4	5
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1	2	3	4	5
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1	2	3	4	5
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1	2	3	4	5
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CHANGE IN FUTURE LIFE:

With the help of a cochlear implant, my child...

will acquire normal hearing.

will be able to function like a child with typical hearing.

will have a dramatic change in his/her life.

the cochlear implant will change my child's future.

1	2	3	4	5
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1	2	3	4	5
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1	2	3	4	5
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1	2	3	4	5
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REHABILITATION DEMANDS:

With the/or after receiving a cochlear implant, my child...

will need to participate in intensive listening training.

will undergo intensive therapy for many years

will not need prolonged speech training like children who use conventional hearing aids.

Parents of children with cochlear implants will have to put in a lot of effort into the rehabilitation process.

Parents of children with cochlear implants will have to schedule a lot of time in order to work with their child.

1	2	3	4	5
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1	2	3	4	5
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1	2	3	4	5
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1	2	3	4	5
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1	2	3	4	5
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PARENTAL SATISFACTIONS:

Currently, I am...

satisfied with my child's communication abilities.

satisfied with my child's social skills.

satisfied with my child's academic abilities.

1	2	3	4	5
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1	2	3	4	5
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1	2	3	4	5
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Instructions: Please consider whether you agree or disagree with each statement, and indicate your response with the number that you think best describes you and your child.

STRESS:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I often regret the extra time our family must devote to the problems of hearing impairment.	1	2	3	4	5
We have more family arguments about our hearing-impaired child than we have about other things.	1	2	3	4	5
Much of the stress in my family is related to deafness / hearing impairment.	1	2	3	4	5
My hearing-impaired child's behavior has often been a source of worry to me.	1	2	3	4	5
Family and friends usually treat my hearing-impaired child the same as they would treat a hearing child of the same age.	1	2	3	4	5
Because of the hearing loss, it was (is) necessary for me to forget many hopes and dreams that I had for my child.	1	2	3	4	5
In the preschool years, my child's hearing loss created so many demands that I never had (have) time for myself.	1	2	3	4	5
Parents of hearing-impaired children are expected to do too many things for them. This has been a burden for me.	1	2	3	4	5

RELATIONSHIPS:

Differing opinions from professionals have made it hard for me to make decisions about schooling for my hearing-impaired child.	1	2	3	4	5
I feel satisfied with the educational progress of my hearing-impaired child.	1	2	3	4	5
Many times I have been angry because of the way professionals treated me as the parent of a hearing-impaired child.	1	2	3	4	5
I have no regrets about the educational opportunities that have been available to my hearing-impaired child.	1	2	3	4	5
It is frustrating for me as a parent to have so many different opinions among professionals who work with hearing-impaired children.	1	2	3	4	5

Instructions: Please consider whether you agree or disagree with each statement, and indicate your response with the number that you think best describes you and your child.

COMMUNICATION:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I wish I could communicate as well with my hearing-impaired child as I do with my other hearing child.	1	2	3	4	5
I wish some of the other members of my family could communicate more easily with my hearing-impaired child.	1	2	3	4	5
My hearing-impaired child is often left out of family conversations because of communication problems.	1	2	3	4	5
There are many things I can not seem to communicate to my hearing-impaired child.	1	2	3	4	5

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