

ID code: <input type="text"/>	Date: <input type="text"/>	RA: <input type="text"/>
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Does anyone in your child's family (e.g., parents, siblings, grandparents, etc) have any hearing impairment? (circle yes or no)

YES or NO

If yes, please fill out the information below.

<i>Relationship to Child</i>	<i>Severity of Impairment</i>	<i>Cause (if known)</i>	<i>Age of Detection</i>	<i>Preferred mode of communication</i>	<i>Hearing aid or CI?</i>

Parent Information

	<i>Name</i>	<i>Ethnicity</i>	<i>Place of Birth</i>	<i>Male or Female? (M/F)</i>	<i>Biological Parent? (Y/N)</i>
Parent 1					
Parent 2					

	<i>Full or Part Time? (FT/PT)</i>	<i>In education? (Y/N)</i>	<i>Any benefits? (Y/N)</i>	<i>Occupation?</i>
Parent 1				
Parent 2				

Parent 1: Highest qualification?

Parent 2: Highest qualification?

- ☐ GCSE/O-LEVEL
☐ A LEVEL/DIPLOMA

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<input type="checkbox"/> DEGREE/HND <input type="checkbox"/> MSc/MRes/OTHER PG DEGREE <input type="checkbox"/> DOCTORATE	<input type="checkbox"/> DEGREE/HND <input type="checkbox"/> MSc/MRes/OTHER PG DEGREE <input type="checkbox"/> DOCTORATE
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Household Pre-Tax Annual Income	What type of house/apartment do you live in? Please circle the appropriate answer.
<input type="checkbox"/> < £20 000 <input type="checkbox"/> £20 000 - £29 999 <input type="checkbox"/> £30 000 - £39 999 <input type="checkbox"/> £40 000 - £59 999 <input type="checkbox"/> £60 000 - £79 999 <input type="checkbox"/> £80 000 - £99 999 <input type="checkbox"/> £100 000 - £149 999 <input type="checkbox"/> > £149 999 <input type="checkbox"/> I don't know	<input type="checkbox"/> Private rental, own property or council tenant? <input type="checkbox"/> Detached house, semi-detached house, terraced house, serviced apartment, unserviced apartment, shared accommodation (e.g. Bed and Breakfast)? <input type="checkbox"/> How many bedrooms does your family have? _____

Please circle 'yes' or 'no' to the list of items below. If yes, please describe.		
Has your child ever been hospitalised?	YES	NO
Is you child currently taking any medications?	YES	NO
Does your child have any development or medical issues?	YES	NO
Does your child have complications at birth?	YES	NO
Does your child have any trouble hearing?	YES	NO

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Does your child have any trouble with vision?	YES	NO
Has your child ever had any seizures or convulsions?	YES	NO
Is your child in nursery or daycare? If yes, how many hours per week?	YES	NO
Has your child had any exposure to Hindi, Urdu, or a similar language?	YES	NO
Has your child had any exposure to sign language or BabySign?	YES	NO
Is there anyone with autism in your child's family?	YES	NO
Is there anyone with ADHD in your child's family?	YES	NO
Is there anyone with colour blindness in your child's family?	YES	NO
Is there anyone with epilepsy in your child's family?	YES	NO
Has anyone in your child's family suffered depression?	YES	NO
Is anyone in your child's family left handed?	YES	NO

Thank you for taking the time to complete this questionnaire!

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