



1. Information about the person

First name:		Family name:		Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
Age:	5-10 <input type="checkbox"/> 11-18 <input type="checkbox"/> Children under five  Refer to an ear and hearing professional						
Telephone:		Address:					

2. Follow up interview

Hearing aid comfort Tick box in the column matching the follow up appointment.

Ask: Are your hearing aids comfortable?	2 weeks		2 months		1 year		Next step
	Yes	No	Yes	No	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ask: How is your experience with your hearing aids?							If yes and the child and parent/caregiver is satisfied → Continue If no or the child is experiencing problems → Ling sounds hearing check. Check problem solving table

Hearing aid use Tick box to select one answer.

Ask: Think about how much your child has used their hearing aids over the past two weeks. On a normal day, how many hours did they use their hearing aids?	2 weeks	2 months	1 year	Next step
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ Ask why. Check problem solving table
Less than 1 hour a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-4 hours a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4-8 hours a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→ Continue
More than 8 hours a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Hearing check Teach parent/caregiver how to carry out Ling sound test at two week follow up.




Check: Tick each Ling sound the child hears.	2 weeks Teach this test to the parent/caregiver	2 months Ask the parent/caregiver to perform this test	1 year Carry out in person test	Next step
	aa <input type="checkbox"/> ee <input type="checkbox"/> oo <input type="checkbox"/> ss <input type="checkbox"/> sh <input type="checkbox"/> mm <input type="checkbox"/>	aa <input type="checkbox"/> ee <input type="checkbox"/> oo <input type="checkbox"/> ss <input type="checkbox"/> sh <input type="checkbox"/> mm <input type="checkbox"/>	aa <input type="checkbox"/> ee <input type="checkbox"/> oo <input type="checkbox"/> ss <input type="checkbox"/> sh <input type="checkbox"/> mm <input type="checkbox"/>	Fewer than 5 Ling sounds ticked → Product check. Check problem solving table 5-6 Ling sounds ticked → Continue



Notes: 



3. Follow up plan

Use this part of the form to help you and the child and/or parent/caregiver decide next actions.

Always encourage the parent/caregiver to return to the service with their child at any time if they experience any difficulties with their hearing or hearing aid.

Two week and two months <i>Tick box in the column matching the follow up appointment.</i>					
Check: Is the child and/or parent/caregiver:	2 weeks		2 months		Next step
	Yes	No	Yes	No	
Satisfied with their hearing aids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes to all → Child is fully benefitting. Book next follow up. If no to any → Child is not fully benefitting. Carry out ear health check and hearing aid check. Check problem solving table. If solution not possible → Discuss with mentor and if needed  Refer to ear and hearing professional.
Using hearing aids more than 4 hours a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing 5-6 Ling sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follow up date:					

Six months – Hearing aid only <i>Ask parent/caregiver to bring hearing aids for check in six months.</i>			
Check:	Yes	No	Next step
Are both the hearing aids clean, and in working order?	<input type="checkbox"/>	<input type="checkbox"/>	If yes → Follow up in one year If no → Clean hearing aid and replace any worn or damaged parts. If this does not help discuss with mentor and if needed  Send to manufacturer
Follow up date:			

One year <i>Complete ear health screen and hearing test. Adjust hearing aid programme if necessary.</i>			
Check: Is the child and/or parent/caregiver:	Yes	No	Next step
Satisfied with their hearing aids?	<input type="checkbox"/>	<input type="checkbox"/>	If yes to all → Child is fully benefitting. Follow up in one year to repeat ear health screen and hearing test. If no to any → Child is not fully benefitting. Perform an ear health screen and check problem solving table. If solution not possible → Discuss with mentor and if needed  Refer to ear and hearing professional.
Using hearing aids more than 4 hours a day?	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing 5-6 Ling sounds?	<input type="checkbox"/>	<input type="checkbox"/>	
Product check: hearing aids are clean and working.	<input type="checkbox"/>	<input type="checkbox"/>	If no → Clean and replace any worn or damaged parts.
Follow up date:			

Problem solving table

If child and/or their parent/caregiver is not satisfied after possible solutions, discuss with your service mentor.

Problem	Possible cause	Possible solutions
Feedback or whistling sound from hearing aid	Volume too high when putting on hearing aid	Put volume on lowest setting before putting on hearing aid. Increase volume gradually.
	Problem with earmould fit	Check fit and position. Correct if necessary.
	Damaged/dirty ear hook/earmould	Clean/replace ear hook/earmould/earmould tube.
	Blocked ear wax in ear canal	Check inside person's ear with otoscope. Perform ear washout if necessary.
Ear hurts	Problem with earmould fit	Check fit. Change earmould size if necessary.
	Damaged earmould	Check earmould. Replace if necessary.
	Ear health problem	Carry out ear health screen.
Hearing aids keep falling off	Incorrectly putting in hearing aid	Check person is putting on their hearing aid correctly. Correct technique if necessary.
	Incorrect earmould fit	Check fit of earmould. As children grow the earmould size may no longer fit correctly and the earmould tube may become too short.
Discomfort from very loud sounds	Very loud noise in environment	Advise the person to remove their hearing aids when in very loud environments such as construction sites or factories.
	Hearing aid volume turned up too high	Advise the person to reduce the volume to a comfortable level.
Difficulty hearing conversations	Background noise in environment	Advise the person on tips to improve hearing in noisy environments. Consider a personal remote microphone system (if available).
	Problem with hearing aid	Check their hearing aid. See problem solving solutions for 'hearing aid not as loud as before'.
Hearing aid not working/sometimes not working or not as loud as before	Hearing aid switched off	To switch on the hearing aid, make sure the battery is inserted correctly, and the battery door is closed.
	Low battery power	Replace battery if necessary.
	Hearing aid is dirty	Clean the hearing aid, earmould and/or battery compartment.
	Damaged earmould	Replace earmould/earmould tube if necessary.
Difficulty hearing when using a phone	Phone is covering their hearing aid	Advise to use the phone on loudspeaker or Try positioning the phone two centimetres away from the hearing aid.
	Volume setting is set too high or low	Adjust the hearing aid volume as needed.