

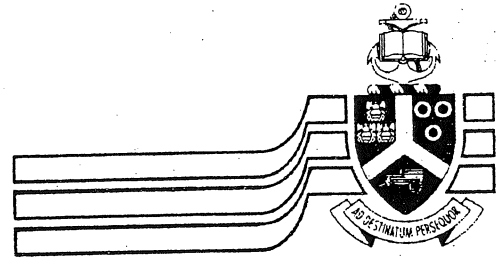
APPENDIX A:
APPROVAL OF APPROPRIATE
ETHICAL PROCEDURES

University of Pretoria etd – Slabbert, E (2005)

Our Ref: Ms P Woest / 9914689
Tel: 012 420 2736
Fax: 012 420 2698
E-mail: petru.woest@up.ac.za

13 December 2004

Ms E Slabbert
PO Box 66178
HIGHVELD PARK
0169



University of Pretoria

Pretoria 0002 Republic of South Africa Tel 012-420-4111
Fax 012-420-2698 <http://www.up.ac.za>

Faculty of Humanities

Dear Ms Slabbert

TITLE REGISTRATION: FIELD OF STUDY – MCOMMUNICATION PATHOLOGY (OPTION 1)

I have pleasure in informing you that the following has been approved:

Title of dissertation/essay: The knowledge and attitude of pediatricians regarding the diagnosis and intervention of infants and children with a sensorineural hearing loss

Director of studies: Ms PH Venter

Co-director of studies: Ms L Pottas

I would like to draw your attention to the following:

1. ENROLMENT PERIOD

- (i) You must be enrolled as a student for at least one academic year before submission of your dissertation/essay.
- (ii) Your enrolment as a student must be renewed annually before 31 March, until you have complied with all the requirements for the degree. You will only be able to have supervision if you provide a proof of registration to your supervisor.

2. APPROVAL FOR SUBMISSION

On completion of your dissertation/essay enough copies for each examiner as well as the prescribed examination enrolment form which includes a statement by your director of studies that he/she approves of the submission of your dissertation/essay, as well as a statement, signed by you in the presence of a Commissioner of Oaths, must be submitted to the Faculty Administration.

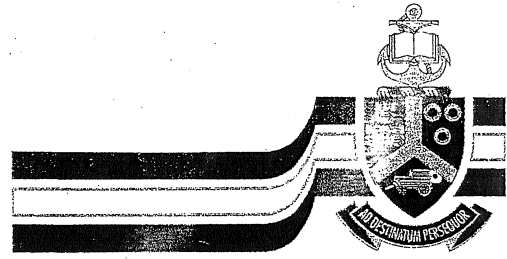
3. INSTRUCTIONS REGARDING THE PREPARATION OF THE DISSERTATION/ESSAY AND THE SUMMARY APPEARS ON THE REVERSE SIDE OF THIS LETTER.

Yours sincerely

for DEAN: FACULTY OF HUMANITIES

APPENDIX B

COVER LETTER



University of Pretoria

Pretoria 0002 Republic of South Africa Tel 012-420-2357
/ 012-420-2816 Fax 012-420-3517 <http://www.up.ac.za>

Department of Communication Pathology
Speech, Voice and Hearing Clinic

November 2003

Dear Doctor

REGARDING: RESEARCH PROJECT

I am currently a master's student in Communication Pathology (Speech- Language and Audiology) at the University of Pretoria. I am conducting a research project regarding the knowledge and attitudes of pediatricians with regard to the diagnosis and intervention process of children with a sensorineural hearing loss.

To complete my research project, I need your participation and co-operation. It would be appreciated if you could complete the questionnaire attached to this letter to make a valuable contribution to my research project.


Due to early contact with babies and young children, you have an important contribution to make during the early identification and referral of babies and young children with a possible hearing loss. Hearing loss causes a detrimental delay in the overall development of babies and children, therefore this study can have far-reaching consequences to the development of the field of early hearing detection and intervention.


All the information obtained during the research project, will be strictly confidential and used for research purposes only.

I do realize that you have a busy schedule and can assure you that the questionnaire only takes 10 minutes to complete. I would appreciate it if you would complete the questionnaire and return it in the enclosed envelope.

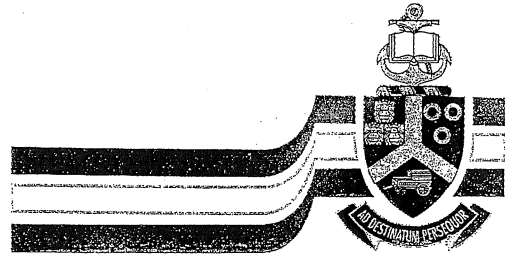
If you require any information you can contact me at the following number: 082 873 3690.

Thank you for your co-operation and support.


Erna Slabbert
Student


Mrs. N. Venter
Tutor

For: Prof. B. Louw
Head: Department Communication Pathology



Universiteit van Pretoria

Pretoria 0002 Republiek van Suid-Afrika Tel 012-420-2357
/ 012-420-2816 Faks 012-420-3517 <http://www.up.ac.za>

Departement Kommunikasiepatologie
Spraak- Stem- en Gehoorkliniek

1 Mei 2003

Geagte Dokter

INSAKE: NAVORSINGSPROJEK

Ek is tans 'n magisterstudent in Kommunikasiepatologie (Spraak-Taalterapie en Oudiologie) aan die Universiteit van Pretoria. Ek is besig met 'n navorsingsprojek wat die kennis en houdings van pediater rakende die diagnose en intervensie van kinders met 'n sensories-neurale gehoorverlies ondersoek.

Ten einde die navorsingsprojek uit te voer, het ek u, as pediater se samewerking en deelname nodig, en word u vriendelik gevra om die vraelys in te vul en aan my terug te stuur.

Weens u vroeë kontak met babas en jong kinders het u 'n belangrike rol om te vervul tydens die vroeë indentifisering en verwysing van babas/jong kinders met 'n moontlike gehoorverlies. Aangesien gehoorverlies 'n algemene ontwikkelingsagterstand by 'n baba/jong kind veroorsaak, kan hierdie studie verreikende voordele inhou.

Al die inligting sal uitsluitlik vir navorsingsdoeleindes gebruik word en konfidensialiteit sal ten alle tye gewaarborg word.

Ek besef dat u 'n besige program het en verseker u dat dit slegs 10 minute neem om die vraelys te voltooi. Ek sal dit hoog op prys stel indien u die vraelys so spoedig moontlik voltooi en aan my kan terug faks by 012-667 1825.

Byvoorbaat dankie vir u samewerking. U deelname word hoog op die prys gestel.

Indien u enige verdere inligting verlang, skakel my asseblief by 082 873 3690.

Vriendelike groete

Erna Slabbert
Student

Mev. N. Venter
Tutor

Namens: Prof. S.R. Hugo
Hoof: Departement Kommunikasiepatologie

APPENDIX C

INSTRUCTION SHEET

Algemene instruksies vir die voltooiing van Afrikaanse vraelyste

1. Voltooi asseblief al die vrae, tensy anders aangedui.
2. Beantwoord die vrae deur die toepaslike blokkie(s) met 'n 'X' af te merk of die antwoord in te vul in die ruimte verskaf.
3. Die uitvoering van die vraelys behoort ongeveer 10 minute te duur.
4. Alle inligting sal as streng vertroulik hanteer word.

Terme en definisies

Sensories-neurale gehoorverlies: Die tipe gehoorverlies wat voorkom in die binne-oor wanneer die haarselle van die koglea of die akoestiese senuwee (KN VIII) beskadig is.

Ernstige gehoorverlies: 71 – 90dB; **totale gehoorverlies:** ≥ 90 dB

Babas – geboorte tot een jaar.

Jong kinders – een jaar tot twaalf jaar.

General instructions for completion of English questionnaire

1. Please complete all the questions unless otherwise indicated.
2. Answer the questions by marking the appropriate block(s) with a 'X' or write your answer in the provided space.
3. The completion of the questionnaire should not take longer than 10 minutes.
4. All information will be kept strictly confidential.

Terms and definitions

Sensorineural hearing loss: A hearing loss due to damage in the inner ear (hair cells of the cochlea) or of the auditory nerve (CN VIII).

Severe hearing loss: 71 – 90dB; **Profound hearing loss:** ≥ 90 dB

Babies – birth to one year.

Young children – one year to twelve years.

APPENDIX D

QUESTIONNAIRE

Questionnaire

For office use only

| Respondent number | | | | | | | | | | | | | | | |
|---|--|-----|--------|------------------|----------|---|-----------------------------|---|--------------|-------------------|---------------|---|--|---|--|
| 1. Where did you specialize? At the University of... | V1 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> 1-3 | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr><td style="padding: 2px;">Bloemfontein</td><td style="text-align: center; padding: 2px;">1</td></tr> <tr><td style="padding: 2px;">Durban</td><td style="text-align: center; padding: 2px;">2</td></tr> <tr><td style="padding: 2px;">Capetown</td><td style="text-align: center; padding: 2px;">3</td></tr> <tr><td style="padding: 2px;">Pretoria</td><td style="text-align: center; padding: 2px;">4</td></tr> <tr><td style="padding: 2px;">Stellenbosch</td><td style="text-align: center; padding: 2px;">5</td></tr> <tr><td style="padding: 2px;">Witwatersrand</td><td style="text-align: center; padding: 2px;">6</td></tr> <tr><td style="padding: 2px;">If other, please specify.</td><td style="text-align: center; padding: 2px;">7</td></tr> </tbody> </table> | Bloemfontein | 1 | Durban | 2 | Capetown | 3 | Pretoria | 4 | Stellenbosch | 5 | Witwatersrand | 6 | If other, please specify. | 7 | V2 <input style="width: 20px; height: 15px;" type="text"/> 4 |
| Bloemfontein | 1 | | | | | | | | | | | | | | |
| Durban | 2 | | | | | | | | | | | | | | |
| Capetown | 3 | | | | | | | | | | | | | | |
| Pretoria | 4 | | | | | | | | | | | | | | |
| Stellenbosch | 5 | | | | | | | | | | | | | | |
| Witwatersrand | 6 | | | | | | | | | | | | | | |
| If other, please specify. | 7 | | | | | | | | | | | | | | |
| 2. How many years have you been practicing as a registered pediatrician? | | | | | | | | | | | | | | | |
| Years. | V3 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> 5-6 | | | | | | | | | | | | | | |
| 3. At which of the following instances are you currently at professional capacity? | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Yes</th> <th style="width: 20%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Private practice</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">State -/provincial instance</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">Academic instance</td> <td style="text-align: center; padding: 2px;">1</td> <td style="text-align: center; padding: 2px;">2</td> </tr> </tbody> </table> | | Yes | No | Private practice | 1 | 2 | State -/provincial instance | 1 | 2 | Academic instance | 1 | 2 | V4 <input style="width: 20px; height: 15px;" type="text"/> 7 V5 <input style="width: 20px; height: 15px;" type="text"/> 8 V6 <input style="width: 20px; height: 15px;" type="text"/> 9 | | |
| | Yes | No | | | | | | | | | | | | | |
| Private practice | 1 | 2 | | | | | | | | | | | | | |
| State -/provincial instance | 1 | 2 | | | | | | | | | | | | | |
| Academic instance | 1 | 2 | | | | | | | | | | | | | |

4. Did you receive any formal lectures on sensorineural hearing loss in terms of diagnosis and intervention during your post-graduate studies?

| | |
|-----------------------------|---|
| Yes, only one lecture. | 1 |
| Yes, more than one lecture. | 2 |
| No. | 3 |

V7 10

5. Are you of the opinion that the following risk factors can lead to a sensorineural hearing loss in infants/children (0-12 years)?

| | Always | Sometimes | Never |
|---|--------|-----------|-------|
| Genetic/hereditary | 1 | 2 | 3 |
| An infection of the mother during pregnancy (e.g. German measles, toxoplasmosis or cytomegalo virus). | 1 | 2 | 3 |
| Complications during delivery (e.g. anoxia, prematurity of the baby). | 1 | 2 | 3 |
| Diseases of the mother (e.g. cardio-vascular diseases, diabetes). | 1 | 2 | 3 |
| Abuse of medicine or similar kinds of drugs abuse during pregnancy. | 1 | 2 | 3 |
| Incompatibility of the mother's and the infants' blood types. | 1 | 2 | 3 |
| An infection of the baby (e.g. meningitis, inflammation of the inner ear). | 1 | 2 | 3 |
| Head injuries of the baby. | 1 | 2 | 3 |
| Child diseases (for example measles, whooping cough or mumps of measles at an early age). | 1 | 2 | 3 |
| Medication for babies (e.g. gentamycin and dihydrostreptomycin) | 1 | 2 | 3 |
| Chronic otitis media | 1 | 2 | 3 |

V8 11

V9 12

V10 13

V11 14

V12 15

V13 16

V14 17

V15 18

V16 19

V17 20

V18 21

6. What symptoms/characteristics can you expect with an infant/ child with a possible profound sensorineural hearing loss?

| | Always | Sometimes | Never |
|--|--------|-----------|-------|
| Reaction to sound is inconsistent/none. | 1 | 2 | 3 |
| Decrease in babbling patterns at seven months. | 1 | 2 | 3 |
| A-typical general development (show significant delays). | 1 | 2 | 3 |
| Decrease in social interaction with parents/ other (the baby/ young child becomes quiet, inactive or even aggressive). | 1 | 2 | 3 |

V19 22

V20 23

V21 24

V22 25

7. What is the earliest age at which an infant's hearing can be tested in order to identify a hearing loss?

| | |
|---------------------------|---|
| 0 – 48 hours after birth. | 1 |
| 1 week after birth. | 2 |
| 1 to 5 months. | 3 |
| 6 months and older. | 4 |

V23 26

8. I will refer the infant/child to an audiologist for a hearing evaluation...

| | Yes | No |
|---|-----|----|
| ..as part of the routine initial examination. | 1 | 2 |
| ..if some of the risk factors (question 5) is present. | 1 | 2 |
| ..if the parents are worried and suspect a possible hearing loss. | 1 | 2 |
| ..if the baby's/child shows developmental delays. | 1 | 2 |
| ..where chronic otitis media is present. | 1 | 2 |

V24 27

V25 28

V26 29

V27 30

V28 31

9. If you make a referral to an audiologist for a hearing evaluation, which tests do you request?

| | Always | Sometimes | Never |
|-----------------------------|--------|-----------|-------|
| Otoacoustic emissions | 1 | 2 | 3 |
| Tympanometry | 1 | 2 | 3 |
| Speech audiogram | 1 | 2 | 3 |
| Pure tone testing | 1 | 2 | 3 |
| Auditory brainstem response | 1 | 2 | 3 |
| Auditory evoked potential | 1 | 2 | 3 |

- V29 32
- V30 33
- V31 34
- V32 35
- V33 36
- V34 37

10. Do you agree with the following amplification options as treatment possibilities for infants/children with a profound sensorineural hearing loss?

| | Yes | No | Unsure |
|-------------------|-----|----|--------|
| Hearing aids | 1 | 2 | 3 |
| Cochlear Implants | 1 | 2 | 3 |

- V35 38
- V36 39

11. Do you agree that the infant/child has to comply with the following selection criteria in order to receive a cochlear implant?

| | Yes | No | Unsure |
|---|-----|----|--------|
| Severe to profound sensorineural hearing loss in both ears. | 1 | 2 | 3 |
| Receive little or no useful benefit from hearing aids. | 1 | 2 | 3 |
| No medical contraindications. | 1 | 2 | 3 |
| Appropriate expectations of the family. | 1 | 2 | 3 |
| No minimum age for referral. | 1 | 2 | 3 |

- V37 40
- V38 41
- V39 42
- V40 43
- V41 44

12. At what age can a baby be fitted with the appropriate hearing aids?

| | |
|--------------------|---|
| 4 weeks. | 1 |
| 3 months. | 2 |
| 6 months. | 3 |
| 1 year. | 4 |
| Older than 1 year. | 5 |

V42 45

13. How often do you consult with a Hearing Institutions Program/Cochlear Implant Program regarding infants and children with a possible or diagnosed hearing loss?

| | |
|--|---|
| Never, but I am fully aware of such programs or clinics. | 1 |
| Never, I am unaware of such programs or clinics. | 2 |
| At least once a week. | 3 |
| At least once a month. | 4 |
| At least once a year. | 5 |

V43 46

14. Hearing Programmes/Cochlear Implant Programmes for profoundly deaf infants/children...

| | Always | Sometimes | Never |
|--|--------|-----------|-------|
| ..are beneficial to the babies/children with a hearing loss. | 1 | 2 | 3 |
| ..are accessible/ approachable to families. | 1 | 2 | 3 |
| ..are effective. | 1 | 2 | 3 |

V44 47

V45 48

V46 49

15. If you have an infant/child in your practice with a profound sensorineural hearing loss, what do you expect of the people you've referred him/her to?

| | Yes | No |
|--|-----|----|
| A comprehensive report. | 1 | 2 |
| Once a year feedback on the progress the baby/child is making. | 1 | 2 |
| Your active participation as a team member of the baby/child's rehabilitation program. | 1 | 2 |

V47 50

V48 51

V49 52

16. Do you have the need for further knowledge regarding the diagnosis and rehabilitation of infants and children with a profound sensorineural hearing loss?

| | |
|--------|---|
| Yes | 1 |
| No | 2 |
| Unsure | 3 |

V50 53

17. Would you like to receive a summary of the current study's results? If Yes, please provide your details in given block.

| | |
|-----------------------------------|---|
| Yes. | 1 |
| No. | 2 |
| Personal details for post sending | |

V51 54

Vraelys

Vir kantoorgebruik

| Respondentnommer | | | | | | | | | | | | | | | |
|---|---|-----|--------|-----------------|----------|---|-------------------------------|---|--------------|----------------------|---------------|---|---|---|---------------------------|
| 1. Waar het u gespesialiseer? Universiteit van... | V1 <input type="text"/> <input type="text"/> <input type="text"/> 1-3 | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr><td style="padding: 2px;">Bloemfontein</td><td style="padding: 2px; text-align: center;">1</td></tr> <tr><td style="padding: 2px;">Durban</td><td style="padding: 2px; text-align: center;">2</td></tr> <tr><td style="padding: 2px;">Kaapstad</td><td style="padding: 2px; text-align: center;">3</td></tr> <tr><td style="padding: 2px;">Pretoria</td><td style="padding: 2px; text-align: center;">4</td></tr> <tr><td style="padding: 2px;">Stellenbosch</td><td style="padding: 2px; text-align: center;">5</td></tr> <tr><td style="padding: 2px;">Witwatersrand</td><td style="padding: 2px; text-align: center;">6</td></tr> <tr><td style="padding: 2px;">Ander. Spesifiseer asb.</td><td style="padding: 2px; text-align: center;">7</td></tr> </tbody> </table> | Bloemfontein | 1 | Durban | 2 | Kaapstad | 3 | Pretoria | 4 | Stellenbosch | 5 | Witwatersrand | 6 | Ander. Spesifiseer asb. | 7 | V2 <input type="text"/> 4 |
| Bloemfontein | 1 | | | | | | | | | | | | | | |
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| Pretoria | 4 | | | | | | | | | | | | | | |
| Stellenbosch | 5 | | | | | | | | | | | | | | |
| Witwatersrand | 6 | | | | | | | | | | | | | | |
| Ander. Spesifiseer asb. | 7 | | | | | | | | | | | | | | |
| 2. Hoeveel jaar praktiseer u al as 'n geregistreerde pediater? Jaar. | V3 <input type="text"/> <input type="text"/> 5-6 | | | | | | | | | | | | | | |
| 3. By watter van die volgende instansies is u tans in professionele hoedanigheid betrokke? | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Ja</th> <th style="width: 10%; text-align: center;">Nee</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Privaat praktyk</td> <td style="padding: 2px; text-align: center;">1</td> <td style="padding: 2px; text-align: center;">2</td> </tr> <tr> <td style="padding: 2px;">Staats-/provinsiale instansie</td> <td style="padding: 2px; text-align: center;">1</td> <td style="padding: 2px; text-align: center;">2</td> </tr> <tr> <td style="padding: 2px;">Akademiese instansie</td> <td style="padding: 2px; text-align: center;">1</td> <td style="padding: 2px; text-align: center;">2</td> </tr> </tbody> </table> | | Ja | Nee | Privaat praktyk | 1 | 2 | Staats-/provinsiale instansie | 1 | 2 | Akademiese instansie | 1 | 2 | V4 <input type="text"/> 7 V5 <input type="text"/> 8 V6 <input type="text"/> 9 | | |
| | Ja | Nee | | | | | | | | | | | | | |
| Privaat praktyk | 1 | 2 | | | | | | | | | | | | | |
| Staats-/provinsiale instansie | 1 | 2 | | | | | | | | | | | | | |
| Akademiese instansie | 1 | 2 | | | | | | | | | | | | | |

4. Het u enige formele lesings oor sensories-neurale gehoorverlies in terme van diagnose en intervensie tydens u nagraadse studie ontvang?

| | |
|-------------------------|---|
| Ja, een lesing. | 1 |
| Ja, meer as een lesing. | 2 |
| Nee. | 3 |

V7 10

5. Meen u dat die volgende risikofaktore tot 'n sensories-neurale gehoorverlies by babas/kinders (0-12 jaar) kan lei?

| | Altyd | Soms | Nooit |
|--|-------|------|-------|
| Geneties/oorerflik | 1 | 2 | 3 |
| 'n Infeksie tydens swangerskap by moeder (bv Duitse masels, ototoksiese middels, sitomegalovirus). | 1 | 2 | 3 |
| Komplikasie tydens geboorte (bv anoksie, prematuriteit by baba). | 1 | 2 | 3 |
| Siektes van moeder (bv kardiovaskulêre siektes, diabetes). | 1 | 2 | 3 |
| Misbruik van medikasie of dwelmmiddels deur die moeder. | 1 | 2 | 3 |
| Onverenigbaarheid van die moeder en die baba se bloedgroepe. | 1 | 2 | 3 |
| 'n Infeksie by die baba (bv meningitis, inflammasie van die binne-oor). | 1 | 2 | 3 |
| Hoofbeserings by die baba. | 1 | 2 | 3 |
| Kindersiektes by die baba (bv masels, kinkhoes, pampoentjies). | 1 | 2 | 3 |
| Medikasie by die baba (bv gentamycin en dihydrostreptomycin) | 1 | 2 | 3 |
| Chroniese otitis media | 1 | 2 | 3 |

V8 11

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V10 13

V11 14

V12 15

V13 16

V14 17

V15 18

V16 19

V17 20

V18 21

6. Watter simptome/kenmerke kan u verwag om by 'n baba/ kind met 'n moontlike ernstige sensories-neurale gehoorverlies te sien?

| | Altyd | Soms | Nooit |
|--|-------|------|-------|
| Reageer onkonsekwent/glad nie op klank nie. | 1 | 2 | 3 |
| Afname in babbelpatrone op sewe maande. | 1 | 2 | 3 |
| A-tipiese algemene ontwikkeling (toon agterstande in mylpale). | 1 | 2 | 3 |
| Afname in sosiale interaksie met ouers/ander (baba/kind raak stiller, onaktief, selfs aggressief). | 1 | 2 | 3 |

V19 22

V20 23

V21 24

V22 25

7. Wat is die vroegste ouderdom waarop 'n baba se gehoor getoets kan word om 'n gehoorverlies te identifiseer?

| | |
|-------------------------|---|
| 0 – 48 uur na geboorte. | 1 |
| 1 week na geboorte. | 2 |
| 1 tot 5 maande. | 3 |
| 6 maande en ouer. | 4 |

V23 26

8. Ek sal 'n baba/kind na 'n oudioloog verwys vir 'n gehoorevaluasie...

| | Ja | Nee |
|---|----|-----|
| as dit vorm deel van die roetine inisiële ondersoek. | 1 | 2 |
| as enige van die bogenoemde risiko faktore (vraag 5) voorkom. | 1 | 2 |
| indien die ouers bekommerd is en 'n gehoorverlies vermoed. | 1 | 2 |
| as die baba/kind se ontwikkelings mylpale 'n agterstand toon. | 1 | 2 |
| indien kroniese otitis media voorkom | 1 | 2 |

V24 27

V25 28

V26 29

V27 30

V28 31

9. Indien u 'n kind na 'n oudioloog verwys vir 'n gehoor-evaluasie, wat is die toetse wat u aanvra?

| | Altyd | Soms | Nooit |
|------------------------------|-------|------|-------|
| Oto-akoestiese emissies | 1 | 2 | 3 |
| Timpanometrie | 1 | 2 | 3 |
| Spraakoudiogram | 1 | 2 | 3 |
| Suiwertoontoetse | 1 | 2 | 3 |
| Ouditiewe breinstam respons | 1 | 2 | 3 |
| Ouditief ontlokte potensiaal | 1 | 2 | 3 |

V29 32
 V30 33
 V31 34
 V32 35
 V33 36
 V34 37

10. Beskou u die volgende versterkingsopsies as behandelingsmoontlikhede vir babas/kinders met 'n ernstige sensories-neurale gehoorverlies?

| | Ja | Nee | Onseker |
|----------------------|----|-----|---------|
| Gehoorarparate | 1 | 2 | 3 |
| Kogelêre inplantings | 1 | 2 | 3 |

V35 38
 V36 39

11. Aan watter van die volgende seleksiekriteria moet die baba/kind voldoen ten einde 'n moontlike kandidaat vir 'n kogelêre inplanting te wees?

| | Ja | Nee | Onseker |
|--|----|-----|---------|
| Erge-totale sensories- neurale gehoorverlies wat in albei ore voorkom. | 1 | 2 | 3 |
| Min/geen nut met die gebruik van gehoorapparate. | 1 | 2 | 3 |
| Geen mediese kontra-indikasies. | 1 | 2 | 3 |
| Ouers en kind se verwagtinge moet realisties wees. | 1 | 2 | 3 |
| Geen minimum ouderdom vir verwysing nie. | 1 | 2 | 3 |

V37 40
 V38 41
 V39 42
 V40 43
 V41 44

12. Hoe vroeg kan 'n baba/kind gepas word met gehoorapparate?

| | |
|-----------------|---|
| 4 weke. | 1 |
| 3 maande. | 2 |
| 6 maande. | 3 |
| 1 jaar. | 4 |
| Ouer as 1 jaar. | 5 |

V42 45

13. Hoe gereeld konsulteer u met 'n Gehoorinstansieprogram/ Kogleëre Inplantings Program, oor babas/kinders met 'n moontlike of bevestigde gehoorverlies?

| | |
|---|---|
| Nooit, maar is wel bewus van sodanige programme of dienste. | 1 |
| Nooit, is nie bewus van sodanige programme of dienste. | 2 |
| Minstens een keer 'n week. | 3 |
| Minstens een keer 'n maand. | 4 |
| Minstens een keer 'n jaar. | 5 |

V43 46

14. Gehoorinstansie programme/Kogleëre Inplantings Programme en dienste...

| | Altyd | Soms | Nooit |
|---|-------|------|-------|
| ...strek tot voordeel van kinders met 'n gehoorverlies. | 1 | 2 | 3 |
| ...is bereikbaar/toeganklik vir families. | 1 | 2 | 3 |
| ...is effektief. | 1 | 2 | 3 |

V44 47

V45 48

V46 49

15. Indien u wel 'n kind in u praktyk het met 'n ernstige sensories-neurale gehoorverlies wat verwag u van die persoon na wie u die baba/kind verwys het?

| | Ja | Nee |
|---|----|-----|
| 'n Volledige verslag. | 1 | 2 |
| Jaarlikse terugvoer oor die baba/kind se vordering. | 1 | 2 |
| U aktiewe deelname as spanlid van die baba/ kind se rehabilitasie program | 1 | 2 |

V47 50

V48 51

V49 52

16. Het y 'n behoefte aan verdere kennis aangaande die diagnose en rehabilitasie van babas en kinders met 'n ernstige sensories-neurale gehoorverlies?

| | |
|---------|---|
| Ja | 1 |
| Nee | 2 |
| Onseker | 3 |

V50 53

17. Wil u graag 'n opsomming ontvang van die huidige studie se resultate? Indien **Ja**, verskaf asb u besonderhede in gegewe blokkie.

| | |
|---------------------------------|---|
| Ja. | 1 |
| Nee. | 2 |
| Kontakbesonderherde vir posstuk | |

V51 54