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Appendix A

Letter for consent from the Health Authorities

Mrs. R. Gopal
Senior Speech Therapist
E.N.T./ Victoria Hospital
2nd Feb. 99

Permanent Secretary
Ministry of Health

Through: Regional Health Director
Victoria Hospital

Dear Sir,

Re: Permission to carry out research

**Topic: Identification and Follow-up of children with hearing loss, in
Mauritius**

You are aware that I am a distance learning student of University of Pretoria, studying for Masters degree in Communication Pathology.

The second part of Masters degree involves planning, carrying out Research and writing theses on a topic concerned with my chosen theme namely Paediatric Audiology. I am planning to carry out Research on the topic: "Identification and Follow-up of children with hearing impairment in Mauritius".

I request your permission to:

1. Select a sample, children with severe hearing loss from the hospital records in the Speech Therapy Unit.

2. Call the parents of the selected children for questionnaire based interviews in the Speech Therapy Unit after obtaining informed consent for their participation in the study.

The questionnaire will probe information regarding the ages of suspicion of hearing loss, referral routes the parents take, hearing assessment and the subsequent follow-up. Enclosed is a copy of the questionnaire on which the interviews will be based.

This in-depth study of the current status of identification and follow-up process for children with hearing loss in Mauritius will give us an understanding of the intervention process. Based on this study, an early intervention programme for children with hearing impairments will be proposed.

I shall be very grateful for your permission to carry out the Research.

Thanking You,

Yours faithfully,

Mrs. R. Gopal
Senior Speech Therapist

Copy: Consultant-in-Charge, E.N.T. Hospital



Appendix B:

The Questionnaire

IDENTIFICATION AND FOLLOW UP OF CHILDREN WITH HEARING LOSS IN MAURITIUS

SECTION 1. IDENTIFICATION OF SUBJECT **CASE NUMBER**

1.01 SURNAME:.....

1.02 OTHER NAMES:.....

1.03 TELEPHONE NUMBER:.....

1.04 RESIDENTIAL ADDRESS:.....

1.05 ADDRESS CLASSIFIED AS:..... Urban 1
 Rural 2

1.06 SEX:..... Male 1
 Female 2

1.07 DATE OF BIRTH OF SUBJECT:.....

1.08 AGE OF SUBJECT IN COMPLETED MONTHS:.....

1.09 NO. OF CHILDREN IN FAMILY:.....

1.10 RANK OF SUBJECT:.....

SECTION 2. IDENTIFICATION OF PARENTS/RESPONDENT

2.01 RESPONDENT Father 1
 Mother 2
 Parents 3
 Other 4

2.02 If RESPONDENT IS "OTHER"
 RELATIONSHIP TO THE SUBJECT Grandparent 1
 Uncle/Aunt 2
 Other relationship 3
 Not Related 4



- 2.03 EDUCATION OF FATHER:..... Not beyond Primary 1
 Secondary 2
 Beyond Secondary 3
- 2.04 EDUCATION OF MOTHER Not beyond Primary 1
 Secondary 2
 Beyond Secondary 3
- 2.05 MONTHLY INCOME OF PARENTS:.... Less than Rs. 5000 1
 Rs. 5, 000 - 10000 2
 Rs. 10,000 – 20000 3
 Rs. 20,000 and over 4

SECTION 3. FAMILY HISTORY OF HEARING LOSS

- 3.01 ANY FAMILY HISTORY OF PRELINGUAL HEARING
 IMPAIRMENT ?..... Yes 1
 No 2
- 3.02 IF YES, CLOSEST RELATIONSHIP: Sibling 1
 WITH CHILD Parent 2
 Grandparent 3
 Uncle/Aunt 4
 Cousin 5
 Other 6
- 3.03 IF MORE THAN ONE RELATIVE WITH FAMILY
 HISTORY OF PRELINGUAL HEARING
 IMPAIRMENT ... SPECIFY HOW MANY AND
 HOW ARE THEY RELATED TO THE CHILD:
- 3.04 ANY HISTORY OF CONSANGUNITY: Yes 1
 No 2

SECTION 4. PERINATAL/MEDICAL HISTORY OF SUBJECT

- 4.01 DID MOTHER HAVE ANY SIGNIFICANT HISTORY DURING
 PREGNANCY ?..... Yes 1
 No 2
- 4.02 IF YES, WAS IT A HIGH RISK FACTOR FOR PRESENT
 CONDITION OF SUBJECT?..... Yes 1
 No 2



4.03 PLACE OF DELIVERY OF SUBJECT ?..... Hospital 1
 Clinic 2
 Home 3
 Other 4

4.04 MATURITY OF SUBJECT AT DELIVERY?... Premature 1
 Normal 2
 Postmature 3

4.05 MODE OF DELIVERY OF SUBJECT?..... Normal 1
 Breech 2
 Forceps 3
 Other 4

4.06 BIRTHWEIGHT OF SUBJECT (kg to one decimal place):

4.07 ANY SIGNIFICANT MEDICAL HISTORY OF SUBJECT?
 Yes 1
 No 2

4.08 IF YES, SPECIFY

4.09 ANY SIGNIFICANT DEVELOPMENT HISTORY OF SUBJECT?
 Yes 1
 No 2

4.10 IF YES, SPECIFY

4.11 DID SUBJECT POSSESS ANY CHARACTERISTICS OF REGISTER HIGH RISK FOR HEARING LOSS ?..... Yes 1
 No 2

4.12 IF YES, SPECIFY

SECTION 5. IDENTIFICATION OF HEARING LOSS

5.01 AGE (IN COMPLETED MONTHS) OF SUBJECT WHEN HEARING MPAIRMENT WAS FIRST SUSPECTED:.....

5.02 WHAT CAUSED THE SUSPICION?

5.03 AFTER YOUR INITIAL SUSPICION, WHAT DID YOU DO?



5.04 WHERE WAS THE SUBJECT FIRST TAKEN?

- Mediclinic/AHC/CHC 1
- Hospital 2
- Private Clinic 3
- Private Doctor 4
- Other 5

- 5.05 WHO SAW THE SUBJECT?.....
- Paediatrician 1
 - ENT Specialist 2
 - Other Specialist 3
 - Non-Specialist Doctor 4
 - Don't know 5

5.06 WHAT COUNSEL WAS GIVEN THERE?

5.07 WHERE WAS THE SUBJECT REFERRED?

5.08 WHO REFERRED THE SUBJECT TO THE AUDIOLOGY & SPEECH THERAPY UNIT?.....

5.09 AGE OF THE SUBJECT (IN COMPLETED MONTHS) WHEN REFERRED TO THE UNIT?

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SECTION 6. DIAGNOSIS OF HEARING LOSS

6.01 TIME ELAPSED BETWEEN FIRST CONTACT OF SUBJECT WITH UNIT AND ACTUAL ASSESSMENT

- Less than 1 week 1
- 1 - < 2 weeks 2
- 2 - < 4 weeks 3
- 4 weeks and over 4

6.02 AGE OF SUBJECT (IN COMPLETED MONTHS) AT TIME OF HEARING EVALUATION?

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6.03 AFTER CONFIRMATION OF HEARING LOSS DID YOU SEEK ANOTHER OPINION?.....

- Yes 1
- No 2

6.04 IF YES, FROM WHOM?

SECTION 7. HEARING AIDS

7.01 AGE OF SUBJECT (IN COMPLETED MONTHS) WHEN REFERRED FOR HEARING AIDS RECOMMENDATION:.....

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7.02 TIME ELAPSED BETWEEN RECOMMENDATION AND ACTUAL RECEIPT OF HEARING AIDS.....

- Less than 1 month 1
- 1 - < 3 months 2
- 3 - < 6 months 3
- 6 months and over 4

7.03 WAS THE SUBJECT FOLLOWED-UP WHILE WAITING FOR THE HEARING AIDS?.....

- Yes 1
- No 2

7.04 IF YES, GIVE DETAILS.....

7.05 WHO PROVIDED THE HEARING AIDS?

- Parents 1
- Social Security 2
- Other, specify 3
- Aids not yet provided 4

7.06 AGE OF CHILD (IN COMPLETED MONTHS) WHEN HEARING AIDS WERE FIRST WORN?.....

7.07 IS SUBJECT CURRENTLY USING THE HEARING AIDS ?

- Yes 1
- No 2

7.08 IF NOT, WHY?

SECTION 8.MEDICAL AND THERAPEUTIC FOLLOW-UP

8.01 IS THERE FOLLOW-UP WITH ENT SPECIALIST ?

- Yes 1
- No 2

8.02 IF YES, HOW OFTEN ?

- Every month 1
- Every 2 months 2
- Every 3 months 3
- Less often 4

8.03 IS THERE FOLLOW UP AT AUDIOLOGY AND SPEECH THERAPY UNIT?

- Yes 1
- No 2

8.04 IF YES, HOW OFTEN?.....

- Every month 1
- Every 2 months 2
- Every 3 months 3
- Less often 4



8.05 HOW DOES THE SUBJECT COMMUNICATE?	Verbal	1	<input type="checkbox"/>
	Non-verbal	2	
	Both	3	

SECTION 9. SCHOOLING

9.01 WHAT TYPE OF SCHOOL IS SUBJECT ATTENDING?	Ordinary	1	<input type="checkbox"/>
	Special	2	
	Not attending	3	

9.02 IF SUBJECT IS NOT ATTENDING SCHOOL, WHY NOT?

9.03 IF SUBJECT IS ATTENDING SCHOOL, WHO RECOMMENDED THE SCHOOL ?

SECTION 10. ADDITIONAL COMMENTS CONCERNING

10.01 IDENTIFICATION OF HEARING LOSS

10.02 FOLLOW-UP WHILE AWAITING HEARING AIDS

10.03 HEARING AIDS

10.04 FOLLOW-UP AFTER RECEIVING THE HEARING AIDS

10.05 SCHOOLING

10.06 OTHER

INTERVIEW CARRIED OUT BY:..... DATE OF INTERVIEW:.....

Appendix C

Listing of Indicators or High Risk Factors Associated with Sensorineural Hearing Loss

[Adapted from ASHA Joint Committee on Infant Hearing 1994
Position Statement]

- Family history of hereditary, childhood sensorineural hearing loss.
- In utero infection such as cytomegalovirus, rubella, syphilis and toxoplasmosis.
- Craniofacial anomalies including those with morphologic abnormalities of the pinna or ear canal.
- Birth weight less than 1.5 kgs. [3.3 lbs]
- Hyperbilirubinemia at a serum level requiring blood transfusion
- Ototoxic medications including aminoglycosides used in multiple courses or in combination with loop diuretics.
- Bacterial meningitis
- APGAR scores 0-4 at 1 minute or 0-6 at 5 minutes.
- Mechanical ventilation lasting 5 days or longer
- Stigmata or other findings associated with a syndrome known to include a sensorineural hearing loss.



Appendix D

Letter inviting the parents of the children with hearing impairment for a meeting

Mrs. R. Gopal
Senior Speech Therapist
Speech Therapy Unit
E.N.T Hospital
18th Feb 99

Dear

I am carrying out a study on "Identification and Follow-up of Children with Hearing Loss in Mauritius". As your child is following Speech Therapy here, I would like to invite you on **Friday 26.02.99 at 1.00 p.m. in the Conference Room of E.N.T Hospital for a meeting.**

The purpose of this meeting is to explain to you the nature of the study.

If you are unable to attend on this date at this time, please phone Mrs.Gopal, Speech Therapist on 6862061 to take another appointment.

Thanking you for your co-operation. I look forward to your presence.

Sincerely,

Mrs. R. Gopal



Appendix E

Consent Form for participation in the study

Consent Form for participation in the study: **Identification and Follow-up of children with hearing loss in Mauritius.**

I /We the parent/s of

agree to participate in the study which will involve answering questions, during an interview, pertaining to the identification and follow-up of my child.

Signature

Date
