

- Waiting time to see hearing professional (e.g. DHB waiting lists to see audiologist, no audiology staff at the DHB, limited staff resource)
- Difficulty getting a referral to audiology (e.g. VHT referral not accepted by DHB, GP or other health professional dismissed parent concern and no referral was made)
- Audiologist had difficulties getting a confirmed diagnosis (e.g. conductive overlay, child unwell)
- Parents did not attend appointments
- Other (please specify) _____

16. Was universal newborn hearing screening (using aABR or aOAE) offered to this family after this child or young person's birth?

- Yes, this child was screened and passed
- Yes, this diagnosis is a result of a refer on the screening test
- Yes, the child was screened and referred but follow-up did not occur at the time, and so this is a delayed diagnosis
- Yes, this child was born overseas and was screened at his or her place of birth
- Yes screening was offered but this child was not screened
- Yes, a screening programme was in place, but the child was directly referred to audiology due to atresia
- No, a screening programme was not in place, but the child was directly referred to audiology due to atresia
- No, this service was not available at the time
- No, this child was born overseas and was not screened
If reason for no screening known, please write in the space provided: _____
- Unsure whether screening was offered to this family

17. If the child was not screened, who first suspected the child's hearing loss? e.g. VHT, grandparent

18. If the child was not screened, at what age was the child or young person's hearing loss first suspected? Years _____ Months _____

19. Was the hearing loss thought to have been present at birth? Yes No Unsure

20. Thinking about probable causes of this child or young person's hearing loss, is the aetiology known or unknown at this time?

- Known Unknown

21. Which of these do you know apply to this child or young person?

<input type="checkbox"/> Confirmed genetic cause e.g. Connexin 26	<input type="checkbox"/> Acquired hearing loss e.g. Meningitis, CMV
<input type="checkbox"/> Syndromic e.g. Ushers, Waardenberg	<input type="checkbox"/> Other (please specify) _____

22. Is there a family history of hearing loss? Yes No Unsure

23. Was one or more of their relatives with a hearing loss the child's parent, sibling or grandparent?

- Yes No

24. If the answer to question 23 (above) is yes, please answer this question, otherwise please go to Question 25. (Please complete one row in the second table for each relative who is a parent, sibling or grandparent with a hearing loss using codes from the table below)

Relative	A) Do they know the cause of the hearing loss? 1. Yes – known genetic cause (genetic testing done), 2. Yes – meningitis 3. Yes – ototoxic drugs, 4. Yes – noise induced, 5. Yes – presbycusis, 6. Yes – otosclerosis, 7. Yes – middle ear problems such as glue ear, 8. Yes – other, 9. Yes – unsure, 10. Unsure, 11. No	B) Does that person still have a hearing loss? 1. Yes, 2. No 3. Unsure 4. Person has died	B) Did they have a hearing loss from childhood? 1. Yes, 2. No 3. Unsure	D) Do they use a hearing aid or cochlear implant? 1. Yes 2. No 3. Unsure
Relative 1				
Relative 2				
Relative 3				
Relative 4				

25. How many hearing aids are to be fitted? 0 1 2