

# Cochlear Implant Users and COVID-19: Parental Perspectives

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Aim of the survey: In India, majority of the cochlear implant users are in the age between 1 and 15 years. They are taken care by their parents. COVID-19 has impacted life of everyone globally in one way or the other. COVID-19 would have also caused changes in cochlear implant users in terms of device usage (cochlear implant), performance, progress (in communication skills), one to one access of cochlear implant users to hearing professionals, etc. Through this survey we want to know that impact. We also want to understand the problems faced by the parents of cochlear implant user in this period and how are they overcoming those. We request all the parents of cochlear implant user to participate in this survey. It will help hearing professionals to find out better solutions for your child in this period and any such problem in future.

Participants of Survey: Parents of cochlear implant users

Instructions: Please answer all the questions to the best of your experience.

Duration: Survey will take only 10 mins of your precious time

\* Required

1. 1. What is the age of your child? \*

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2. 2. Please mention number of years your child is using cochlear implant?

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3. 3. Does your child have cochlear implants in both ears?

*Mark only one oval.*

Yes

No

4. 4. If your answer is "No" to previous question and your child use cochlear implant in one ear. What about other ear?

*Mark only one oval.*

- Child use hearing aid in other ear
- Other ear is not aided with any listening device

5. 5. Have your child completed compulsorily recommended Auditory Verbal Therapy?

*Mark only one oval.*

- Yes. If "Yes" is your answer, Please go to section 5. Do not answer section 2, 3 and 4.
- No. If "No" is your answer, Please go to question 6.

6. 6. Is your child attending therapy sessions during the period of COVID-19?

*Mark only one oval.*

- Yes
- No. If "No" is your answer, please go to section 4. Do not answer section 2, 3 and 5.
- No, because of COVID-19. If "No" is your answer, please go to section 4. Do not answer section 2, 3 and 5.

7. 7. If your answer is "Yes" to previous question, please indicate the mode of therapy

*Mark only one oval.*

- One to one therapy sessions; Please go to section 2. Do not answer section 3, 4 and 5.
- Tele-therapy (Tele-rehabilitation); Please go to section 3. Do not answer section 2, 4 and 5.
- Other: \_\_\_\_\_

Section 2. Please attend this section if your child is attending "One to one therapy" sessions during the period of COVID-19.

It is great that you are able to continue auditory verbal therapy for your child. It is very important for the communication development of your child. However COVID-19 brought many limitation to "one to one therapy sessions". In this section we want to understand those from the perspectives of the parents of cochlear implant user.

8. 1. Is your child wearing personal protective gears during therapy sessions?

*Mark only one oval.*

Yes

No

9. 2. If your answer is "Yes" to previous question, please indicate what protective gears your child is wearing during therapy sessions

*Check all that apply.*

Shield

Mask

Gloves

Other:  \_\_\_\_\_

10. 3. Is your child uncomfortable wearing these protective gears during therapy sessions?

*Mark only one oval.*

Yes

No

Sometimes

11. 4. If your answer is "Yes" to previous question, please indicate whether wearing these protective gears reduced the performance level of your child during the therapy session.

*Mark only one oval.*

- Yes  
 No  
 Maybe

12. 5. Have you ever removed protective gears of your child during therapy sessions due to this?

*Mark only one oval.*

- Yes  
 No  
 Sometimes

13. 6. Have you ever have to stop therapy session due to this?

*Mark only one oval.*

- Yes  
 No

14. 7. Does therapist wear personal protective gears during therapy sessions?

*Mark only one oval.*

- Yes  
 No

15. 8. If your answer is "Yes" to previous question, please indicate what protective gears therapist wears

*Check all that apply.*

Shield

Mask

Gloves

Other:  \_\_\_\_\_

16. 9. Do you feel the quality of therapy reduced due to these protective gears worn by the therapist?

*Mark only one oval.*

Yes

No

Maybe

17. 10. Do you feel that your child is not participating in the therapy (like he/she used to) due to the change in the acoustics of therapist's speech caused by these protective gears?

*Mark only one oval.*

Yes

No

Maybe

18. 11. Have you ever request therapist to remove protective gears due to this?

*Mark only one oval.*

Yes

No

19. 12. Being parents of cochlear implant user do you have suggestions in this regards? Please use space below

Four horizontal lines for writing suggestions.

Section 3. Please attend this section if your child is attending "Tele-therapy (Tele-rehabilitation)" during the period of COVID-19.

No doubt that "Tele-therapy (Tele-rehabilitation)" is the way to go when "One to one therapy" are not possible. In this section we want to know about the advantage and limitations of tele-therapy from the perspectives of the parents of cochlear implant user.

20. 1. Which device are you using for "Tele-therapy (Tele-rehabilitation)" session?

Check all that apply.

Laptop

Smart TV

Mobile

Other:  \_\_\_\_\_

21. 2. According to you, which device is best for "Tele-therapy (Tele-rehabilitation)" sessions?

Mark only one oval.

Laptop

Smart TV

Mobile

Other: \_\_\_\_\_

22. 3. How is your child's attention/concentration during "Tele-therapy (Tele-rehabilitation)" sessions?

*Mark only one oval.*

- Good  
 Acceptable  
 Bad

23. 4. Is your child able to attend full 45 minutes "Tele-therapy (Tele-rehabilitation)" session?

*Mark only one oval.*

- Yes  
 No

24. 5. Please indicate advantages of Tele-therapy (Tele-rehabilitation)" sessions from your perspective

*Check all that apply.*

- Remote access to therapist from home  
 Economic  
 Avoid travelling  
 Save time  
 Increased parent/family involvement

Other:  \_\_\_\_\_

25. 6. Limitations of "Tele-therapy (Tele-rehabilitation)" as per your experience

*Check all that apply.*

- Sound quality  
 Connectivity  
 Device accessibility  
 Lack of visual stimulation  
 It increased the screen time of your child

26. 7. Overall, do you feel "Tele-therapy (Tele-rehabilitation)" session is as effective as "One to one therapy" session?

*Mark only one oval.*

- Yes
- No
- Other: \_\_\_\_\_

27. 8. Will you prefer "Tele-therapy (Tele-rehabilitation)" over "One to one therapy" in normal times?

*Mark only one oval.*

- Yes
- No
- Maybe

Section 4. Please answer this section if your child is under compulsory auditory verbal therapy but not attending any type of therapy session due to COVID-19

28. 1. Are you doing activities (learned doing therapy) at home with your child?

*Mark only one oval.*

- Yes
- No

29. 2. If your answer is "Yes" to previous question, are you happy with your child progress?

*Mark only one oval.*

- Yes
- No

30. 3. Do you find any regression in the communication skills of your child

*Mark only one oval.*

Yes

No

31. 4. Do you think "Tele-rehabilitation" can help you in this matter.

*Mark only one oval.*

Yes

No

Section 5. Please answer this section if your child is auditory verbal therapy is completed

32. 1. Do you do listening activities with your child?

*Mark only one oval.*

Yes

No

Sometimes

Section 6. Mapping, Maintenance and Accessories

33. 1. During COVID-19, are you facing difficulty with the maintenance of cochlear implants?

*Mark only one oval.*

Yes

No

Sometimes

34. 2. During COVID-19, are you facing difficulty in getting accessories for cochlear implants?

*Mark only one oval.*

- Yes
- No
- Sometimes

35. 3. During COVID-19, are you facing difficulty for cochlear implants mapping?

*Mark only one oval.*

- Yes
- No
- Sometimes

### Section 7. Overall communication skills

36. 1. Overall, during COVID-19, communication abilities of your child increased or decreased

*Mark only one oval.*

- Increased
- Decreasd

Any suggestion for hearing professional to help you serve better

37. Suggestions

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