Original Article

https://doi.org/10.1590/2317-6431-2023-2871en

Audiology Communication Research
ISSN 2317-6431

Translation and validation of the Childhood Hearing Loss Question Prompt List for Parents into brazilian portuguese

Tradução e validação do instrumento Childhood Hearing Loss Question Prompt List) for Parents para a língua portuguesa brasileira

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ABSTRACT

Purpose: This study aimed to translate and validate the Childhood Hearing Loss Question Prompt List (CHLQPL) for Parents into Brazilian Portuguese, supporting communication between healthcare professionals and families of children with hearing loss in Brazil. **Methods:** A methodological approach was employed, comprising the translation and cross-cultural adaptation of the instrument, followed by validation through an iterative process involving experts and the target audience. The translation was conducted by bilingual translators, with subsequent back-translation and review by an expert committee to ensure conceptual and cultural equivalence. Validation involved collecting and analyzing feedback from parents of children with hearing loss and audiologists, using the Content Validity Index (CVI) to assess the instrument's appropriateness. **Results:** The analysis indicated positive acceptance of the translated instrument, with most items achieving a CVI above the threshold of 0.78, reflecting the instrument's relevance and comprehensibility in the Brazilian context. One specific item did not reach the desired CVI, highlighting the need for further revision to optimize clarity and relevance. **Conclusion:** The translated and validated CHLQPL proved to be an effective tool for the Brazilian context, facilitating family-centered communication and involvement in pediatric auditory care. This study reinforces the importance of adapting and validating assessment instruments to reflect cultural and linguistic specificities, ensuring applicability and effectiveness in assisting families of children with hearing loss.

Keywords: Hearing loss; Child; Family; Counseling; Translation; Validation

RESUMO

Objetivo: traduzir e validar para o português brasileiro o instrumento Childhood Hearing Loss Question Prompt List for Parents, visando apoiar a comunicação entre profissionais de saúde e famílias de crianças com perda auditiva no Brasil. **Métodos:** abordagem metodológica compreendendo a tradução e adaptação transcultural do instrumento, seguida de validação por meio de um processo iterativo que envolveu especialistas e o público-alvo. A tradução foi realizada por tradutores bilíngues, com subsequente retrotradução e revisão por um comitê de especialistas, para assegurar a equivalência conceitual e cultural. A validação envolveu a coleta e análise de feedback de pais de crianças com perda auditiva e profissionais fonoaudiólogos, utilizando o Índice de Validade de Conteúdo para avaliar a adequação do instrumento. **Resultados:** a análise indicou aceitação positiva do instrumento traduzido, com a maioria dos itens atingindo Índice de Validade de Conteúdo acima do limiar de 0,78, refletindo a relevância e compreensibilidade do instrumento no contexto brasileiro. Um item específico não atingiu o índice desejado, destacando a necessidade de revisão adicional para otimizar a clareza e pertinência. **Conclusão:** o Childhood Hearing Loss Question Prompt List for Parents traduzido e validado demonstrou ser uma ferramenta eficaz para o contexto brasileiro, facilitando a comunicação centrada na família e o envolvimento em cuidados auditivos pediátricos. Este estudo reforça a importância de adaptar e validar instrumentos de avaliação para refletir as especificidades culturais e linguísticas, assegurando a aplicabilidade e eficácia no atendimento às famílias de crianças com perda auditiva.

Palavras-chave: Perda auditiva; Criança; Família; Aconselhamento; Tradução; Validação

Study carried out at Hospital de Reabilitação de Anomalias Craniofaciais – HRAC, Universidade de São Paulo – USP – Bauru (SP), Brasil.

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Conflict of interests: No.

Authors' contribution: ABM was responsible for study design, data collection, methodology, writing, review, and editing of the study; ECMP was responsible for study design, methodology, supervision, analysis, review, editing, and validation; AS was responsible for methodology, writing, review, and editing of the study; ALMM was responsible for supervision, analysis, and validation; NBFL was responsible for supervision, analysis, and validation; RTSJ was responsible for study design, supervision, analysis, review, editing, and validation.

Funding: Multiprofessional Residency Program in Auditory Health at the Hospital for Rehabilitation of Craniofacial Anomalies at the University of São Paulo - HRAC-USP - Scholarship from the Ministry of Education and Culture (MEC).

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Received: November 05, 2023; **Accepted:** May 01, 2024

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INTRODUCTION

Hearing loss (HL) significantly impacts communication and the individual's psychosocial, emotional, and educational aspects[1]. Early intervention is essential to minimize these impacts. Assistive technologies, such as personal hearing aids (HA), cochlear implants (CI), bone-anchored hearing aids (BAHA), and Remote Microphone Systems (RMS), with transmission by modulated frequency (MF) or digital, are considered the main tools for accessibility to sounds in the auditory rehabilitation process[2-4].

However, technology alone is not enough for a successful prognosis: families must have active and continuous involvement in their children's care[5].

The family-centered care model is recognized as the best practice in early intervention for children with HL[6]. This model highlights the importance of professionals and parents working together to meet the child's needs[7]. Study[6] also highlights that this approach increases the probability of long-term success and satisfaction in these families.

In this context, families' active participation in the assessment and intervention process is essential. In this scenario, the Childhood Hearing Loss Question Prompt List for Parents[8] (CHLQPL) proves relevant, offering a structured way for parents to articulate their concerns and needs regarding their children's hearing loss. The instrument contains 32 items, divided into four categories: Our Child's Diagnosis, Family Concerns, Management of Devices, and Support System, Now and in the Future.

Instrument validation studies are essential in scientific research, as they guarantee the reliability and relevance of the data collected. Validating an instrument not only confirms its applicability in different cultural and linguistic contexts but also ensures that its items reliably reflect the phenomenon it intends to measure. In the case of CHLQPL for parents of children with hearing loss, validation for the Brazilian context is essential to ensure its usefulness and effectiveness in capturing the specific concerns and needs of Brazilian families.

Thus, we sought not only to provide a valuable resource for hearing health professionals in Brazil but also to contribute to the scientific basis that supports family-centered clinical practice and the engagement of parents in their children's hearing intervention process.

METHODS

The study was conducted at the Hearing Health Division of the Hospital for Rehabilitation of Craniofacial Anomalies of the University of São Paulo (HRAC-USP), which is now known as the Hospital das Clínicas de Bauru (HCB). It received approval from the Institutional Review Board of the same institution (CAAE 40545020.2.0000.5441). The requirement for presenting the Informed Consent Form (ICF) was waived, as the study designates judges as part of the research methodology, thus considering them as a research instrument.

The design of this study involved a methodological approach structured in two main phases: the translation and cross-cultural adaptation of CHLQPL, followed by its validation to the Brazilian context.

Translation and cross-cultural adaptation

CHLQPL was translated using a previously proposed methodology[9], in an adapted form, respecting the four levels of equivalence: semantic, idiomatic, experiential, and conceptual, and included the participation of a translator and a back-translator in the following steps:

Translation

Before the translation process, the English version of CHLQPL, which was in PDF format, was typed into Word and divided into 49 items, referring to the title, introduction, subtitles, and questions. Subsequently, the first step, which consisted of translating into Portuguese, was carried out. This step was performed by just one bilingual translator (T1), whose mother tongue was Portuguese.

Back-Translation

At this step, a second bilingual translator (RT1), also a native Portuguese speaker, translated the content back into the original language, English.

Meeting with translators and judges

A meeting was held with a committee composed of the translator and back-translator (T1 and RT1), a professional expert in English and Portuguese, and a bilingual speech-language pathology and audiology therapist who worked in the auditory rehabilitation field. The meeting aimed to achieve cross-cultural equivalence of the translation, comparing and analyzing the original material, the translation, and back-translation, and carrying out a synthesis (pre-final translation). Meeting members should indicate the appropriate equivalences, indicated by scoring (+1) for an equivalent item, (0) for a partially equivalent item, and (-1) for a non-equivalent item. In the last two cases, the unachieved equivalence(s) should be indicated regarding their nature, that is, semantic, idiomatic, experiential, and/or conceptual, and adjustments and modifications should then be made for the final translation.

Instrument validation

The Delphi technique was considered for reviewing and evaluating the translated instrument. Although it was not initially used, its importance is recognized for reaching a consensus between experts with extensive experience in pediatric audiology and parents of children with hearing loss. Therefore, it was decided to integrate this technique in subsequent phases of the study, allowing a more in-depth and systematic evaluation of the instrument's content.

Ten parents/guardians (J1) of children with unilateral or bilateral hearing loss (HL), of any type and degree, up to 12 years of age (Table 1), regularly enrolled in the Hearing Health Division of the Hospital for Rehabilitation of Craniofacial Anomalies of the University of São Paulo (HRAC-USP), now Hospital das

Clínicas de Bauru (HCB), and their respective speech-language pathology and audiology therapists (J2), who provided care to these children, participated as judges.

The instrument was handed out to each judge (J1 and J2), before the start of the consultation. Parents (J1) were instructed to choose/select, if they wanted, two to three items from the instrument to be clarified by the experts (J2).

After consultation, two different questionnaires were handed out: one for J1 (Questionnaire 1—Chart 1) and another for J2 (Questionnaire 2—Chart 2). The researchers developed the

Table 1. Demographic characterization of children with hearing loss

	Gender	Age	Eletronic Device	RE Type of HL	RE Degree of HL	LE Type of HL	LE Degree of HL
Child 1	Female	10 years	Bilateral HA	Mixed HL	Profound	Mixed HL	Moderate
Child 2	Male	12 years	Bilateral HA	Sensorineural HL	Profound	Sensorineural HL	Profound
Child 3	Female	12 years	Bilateral HA	Conductive HL	Moderate	Conductive HL	Moderate
Child 4	Male	12 years	Bilateral HA	Sensorineural HL	Severe	Sensorineural HL	Severe
Child 5	Male	12 years	RE: BAHA LE: HA	Mixed HL	Profound	Mixed HL	Profound
Child 6	Male	11 years	Bilateral HA	Sensorineural HL	Profound	Sensorineural HL	Severe
Child 7	Male	8 years	Bilateral HA	Sensorineural HL	Severe	Sensorineural HL	Severe
Child 8	Female	7 years	HA bilateral	Sensorineural HL	Mild	Sensorineural HL	Moderate
Child 9	Male	9 years	Unilateral HA (LE)	Normal hearing	-	Sensorineural HL	Profound
Child 10	Male	10 years	Bilateral BAHA	Sensorineural HL	Profound	Sensorineural HL	Profound

Subtitle: HL = Hearing loss; RE = Right ear; LE = Left ear; HA = Hearing aid; BAHA = bone-anchored hearing aid

Chart 1. Questionnaire for parents and/or guardians about CHLQPL - "Lista rápida de perguntas sobre perda auditiva para os pais"

J1 Guiding Questions	Totally agree	Agree	Neutral/no comments	Disagree	Totally disagree
Q1: QPL is easy to understand.					
Q2: QPL is important for parents and families.					
Q3: Would use QPL in future consultations.					
Q4: Would recommend QPL to other speech-language pathology and audiology therapists.					
Q5: QPL was a comfortable experience.					
Q6: QPL helped me talk to my speech-language pathology and audiology therapist/my son's speech-language pathology and audiology therapist.					
Q7: QPL seemed unnecessary/caused anxiety.					

Caption: J1 = Judges parents/guardians; QPL = Question Prompt List; Q1 = Question 1; Q2 = Question 2; Q3 = Question 3; Q4 = Question 4; Q5 = Question 5; Q6 = Question 6; Q7 = Question 7

Chart 2. Questionnaire for speech-language pathology and audiology professionals about CHLQPL – "Lista rápida de perguntas sobre perda auditiva para os pais"

J2 Guiding Questions	Totally agree	Agree	Neutral/no comments	Disagree	Totally disagree
Q1: Family members asked to discuss QPL.					
Q2: When QPL was mentioned, family members showed interest.					
Q3: QPL is easy to use with family members.					
Q4: QPL is relevant for parents and families.					
Q5: Found QPL useful.					
Q6: Would use QPL in future consultations.					
Q7: Would recommend QPL to other speech-language pathology and audiology therapists.					
Q8: QPL was a comfortable experience.					
Q9: Using QPL helped in the discussion with family members.					

Subtitle: J2 = Judges speech-language pathology and audiology professionals; QPL = Question Prompt List; Q1 = Question 1; Q2 = Question 2; Q3 = Question 3; Q4 = Question 4; Q5 = Question 5; Q6 = Question 6; Q7 = Question 7; Q8 = Question 8; Q9 = Question 9

questions based on a previous study[10] to judge the instrument's importance, simplicity, and comprehensibility.

The judges (J1 and J2) should check, in their respective questionnaires, the option that best identifies their answer among the five offered, namely: "totally agree", "agree", "neutral/no comments", "disagree" and "totally disagree". The questionnaire aimed to transform subjective measurements into objective data that could be quantified and analyzed.

Data analysis

For the psychometric validation of the instrument, statistical methods to test the reliability and validity of the content, which included the analysis of the Content Validity Index per Item (I-CVI) and the Scale Average Content Validity Index (S-CVI/Ave), as well as reliability analyses, such as Cronbach's Alpha, to assess the internal consistency of the items, were applied. These measures were detailed to provide a complete view of the instrument's robustness and applicability in the Brazilian context.

RESULTS

Cross-cultural adaptation

CHLQPL was translated into Portuguese (Appendix 1) and is available to use[11]. It consists of 32 questions divided into 4 blocks: I) "I. O diagnóstico do nosso filho", with 11 items; II) "Preocupações familiares", with 7 items; III) "Gerenciamento dos dispositivos", with 8 items and IV) "Redes de apoio, agora e no futuro, with 6 items.

The analysis of the CHLQPL translation and cross-cultural adaptation process revealed high agreement between the translators and the expert committee (Figure 1). Semantic, idiomatic, cultural, and conceptual equivalence, reflected in satisfactory content validity indices, was achieved.

Validation

The Content Validity Index per Item (I-CVI) ranged from 0.78 to 1.00 for the instrument's questions, with most items presenting indices above 0.80, indicating high agreement among the judges. Table 2 presents the I-CVI for each item, showing areas of strong consensus and those that required additional review.

Reliability, measured by Cronbach's Alpha, was 0.89 for the total instrument, indicating excellent internal consistency and meeting the preference established in a previous study[12], which suggests that coefficient values are between 0.80 and 0, 90.

Participant feedback, collected through questionnaires administered after using the instrument, was predominantly positive. Parents and professionals valued the questions' relevance and the instrument's ease of use. Figure 2 shows the distribution of feedback responses, highlighting positive perceptions and areas for improvement.

DISCUSSION

In this methodological study, the translation and validation of CHLQPL into Brazilian Portuguese provided essential insights into adapting instruments in different cultural contexts. The results highlighted the instrument's suitability to the needs and realities of Brazilian parents of children with hearing loss,

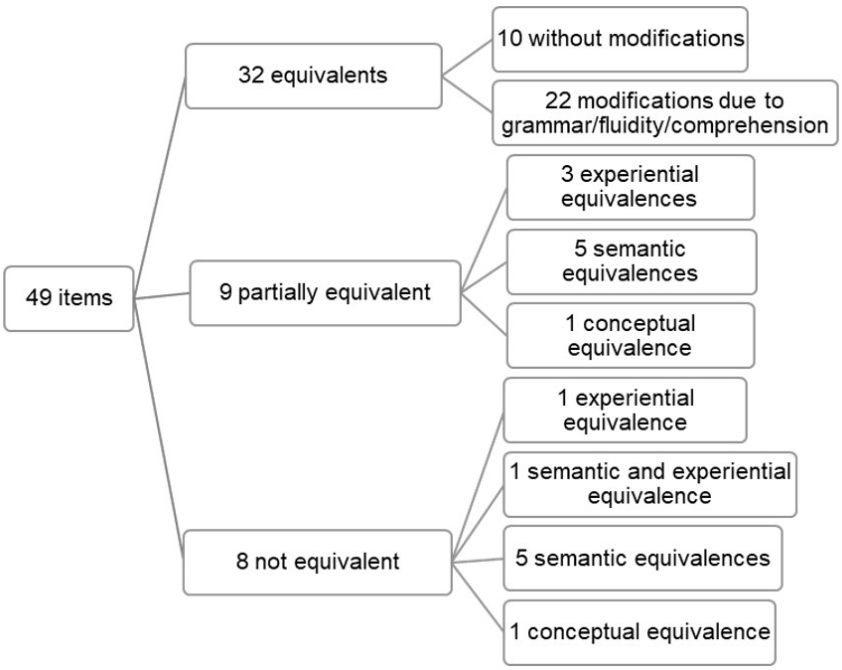

Figure 1. Illustration of the results of the meeting of translators and judges

Table 2. Calculation of the Content Validity Index per Item for parent/guardian judges and speech-language pathology and audiology therapist judges

	2a		2b	
Questions	**Judges J1**	**I-CVI**	**Judges J2**	**I-CVI**
1	10	1	9	0.9
2	10	1	8	0.8
3	7	0.7	10	1
4	10	1	10	1
5	10	1	10	1
6	10	1	10	1
7	8	0.8	10	1
8	-	-	10	1
9	-	-	9	0.9
	S-CVI/Ave	0.93	S-CVI/Ave	0.96

Caption: 2a = ...; 2b = ...; J1 = Judges-Parent/guardian; J2 = Judges-speech-language pathology and audiology professionals; I-CVI = Content Validity Index per Item; S-CVI/Ave = Scale Average Content Validity Index

Figure 2. Answers to the questionnaire for parents/guardians and speech-language pathology and audiology professionals judges about the instrument CHLQPL - "Lista rápida de perguntas sobre perda auditiva para os pais"
Subtitle: J1 = Judges parents/guardians; J2 = Judges speech-language pathology and audiology professionals; Q1 = Question 1; Q2 = Question 2; Q3 = Question 3; Q4 = Question 4; Q5 = Question 5; Q6 = Question 6; Q7 = Question 7; Q8 = Question 8; Q9 = Question 9

emphasizing the importance of cultural and linguistic sensitivity in adapting assessment tools.

Unlike empirical studies that test specific hypotheses, the methodological focus of the present study highlighted the complexity and nuances involved in validating an instrument in a new language and different cultural context. This approach revealed that, although most of the instrument was well accepted, certain items required additional refinement to capture the specific concerns of Brazilian parents better.The comparative analysis carried out in this study revealed that while most items achieved a high Content Validity Index per Item (I-CVI), the validation process must be interactive. Thus, the instrument may

benefit from additional revisions, especially in items with lower agreement, suggesting a deeper understanding of the cultural interpretation and relevance of the content.

A comparison of findings with existing literature indicated that, similar to international studies[9,13], cross-cultural validation requires a balance between fidelity to the original instrument and adaptability to local contexts. This balance is crucial to maintaining the instrument's validity while adjusting it to the cultural and linguistic specificities of the target population.

The study's limitation is the lack of initial implementation of the Delphi technique, which could have provided a richer and deeper analysis through consensus among experts.

The study contributes significantly to pediatric audiology, providing a validated version of the CHLQPL for Brazilian parents, thus facilitating communication and understanding of families' needs and concerns.

Future studies are suggested to explore the effectiveness of the translated and validated instrument in clinical interventions[14]. Additionally, the application of the Delphi technique in subsequent stages could enrich the instrument's validity and robustness.

CONCLUSION

CHLQPL was translated into Portuguese as CHLQPL – "Lista rápida de perguntas sobre perda auditiva para os pais" and is available for use[11].

The study revealed that the instrument evaluated has an adequate level of content validity, offering and contributing to what it proposes for the Brazilian population. It is also suggested that the CHLQPL - "Lista rápida de perguntas sobre perda auditiva para os pais" be used in the initial stages of the auditory rehabilitation process, to provide information to parents and contribute to patient- and family-centered care, building a relationship of trust and partnership.

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Appendix 1. Instrument Childhood Hearing Loss Question Prompt List (CHLQPL) for Parents translated into Brazilian Portuguese as CHLQPL - "Lista rápida de perguntas sobre perda auditiva para os pais"

Lista rápida de perguntas

Lista rápida de perguntas sobre perda auditiva para os pais

Muitos pais têm dúvidas ou preocupações que gostariam de compartilhar com o fonoaudiólogo sobre as consequências da perda auditiva do seu filho. Durante os atendimentos de rotina, devido a tantas informações novas, os pais podem se esquecer de fazer essas perguntas. Assim como você, outros pais passaram por esse processo e ajudaram a desenvolver este questionário para ajudar as famílias a obter as informações e o apoio que procuram. As questões desta lista estão organizadas por tópicos. Algumas questões podem ser mais importantes para você do que outras.

Se você achar que esta lista é útil, pode usá-la para ajudá-lo a se lembrar de quais perguntas fazer. Para a consulta de hoje, circule duas ou três perguntas que podem lhe chamar mais a atenção ou anote suas dúvidas antes do seu atendimento.

Esperamos que você use esta lista em cada consulta para que possamos conversar, em algum momento, sobre todas as suas dúvidas e preocupações.

I. O diagnóstico do nosso filho

1. Que tipo de perda auditiva o meu filho tem?
2. Por que o meu filho reage a alguns sons?
3. Existem ferramentas que podem ajudar a mim e a outras pessoas a vivenciar como meu filho escuta?
4. A audição do meu filho vai melhorar ou piorar com o tempo?
5. Os dispositivos auditivos corrigem a perda auditiva como os óculos corrigem os problemas de visão?
6. Como você e a minha família decidem qual é a tecnologia ideal para o meu filho?
7. Será que a fala do meu filho ficará comprometida?
8. Geralmente, sentimo-nos sobrecarregados com as decisões que precisamos tomar. Você pode nos ajudar a priorizar essas decisões?
9. Existem questões médicas relacionadas à perda auditiva sobre as quais eu deveria saber?
10. Por que é recomendável procurar um geneticista?
11. Estou achando difícil aceitar o diagnóstico e o que ele pode representar para o meu filho e para a minha família. Como posso receber ajuda?

II. Preocupações familiares

12. Como posso explicar a importância dos dispositivos auditivos para a família e para outras pessoas?
13. Que recursos existem para nos ajudar com os custos do tratamento do nosso filho?
14. O que podemos fazer em casa para estimular o desenvolvimento da comunicação do nosso filho?
15. Que recursos existem para desenvolver a confiança, a resiliência e as habilidades sociais das crianças?
16. Se quisermos aprender a língua de sinais, como e onde podemos começar?
17. O que posso fazer para ter a atenção do meu filho e me comunicar com ele?
18. O que devo observar em casa para saber se o meu filho está se desenvolvendo adequadamente?

III. Gerenciamento dos dispositivos

19. Quanto tempo por dia o meu filho deve usar os dispositivos auditivos?
20. Como devo cuidar dos dispositivos auditivos?
21. Que estratégias os pais usam para garantir que a criança use os dispositivos auditivos?
22. O que fazemos se os dispositivos auditivos pararem de funcionar?
23. Como incentivo o meu filho a se sentir seguro ao usar os dispositivos auditivos?
24. Vai levar algum tempo para meu filho se acostumar com os dispositivos auditivos?
25. Devemos tirar os dispositivos auditivos quando o nosso filho estiver descansando, mamando etc.?
26. O apito (microfonia) causado pelo contato com os dispositivos auditivos incomoda o nosso filho?

IV. Redes de apoio, agora e no futuro

27. Gostaria de falar com outras pessoas em nossa situação. Como posso conhecer outros pais de crianças com perda auditiva e/ou adultos com surdez ou com deficiência auditiva?
28. Que instituições estão disponíveis para ajudar a nossa família?
29. Se eu quiser a ajuda de um assistente social ou de um psicólogo, como posso conseguir um encaminhamento?
30. Como posso ajudar o nossa babá ou a creche a dar apoio às necessidades de comunicação do nosso filho?
31. É comum que outras crianças com as mesmas características de audição do meu filho frequentem a escola regular?
32. De que tipo de ajuda o meu filho precisará caso ele queira praticar atividades esportivas, musicais ou outras práticas?

Lista rápida de perguntas