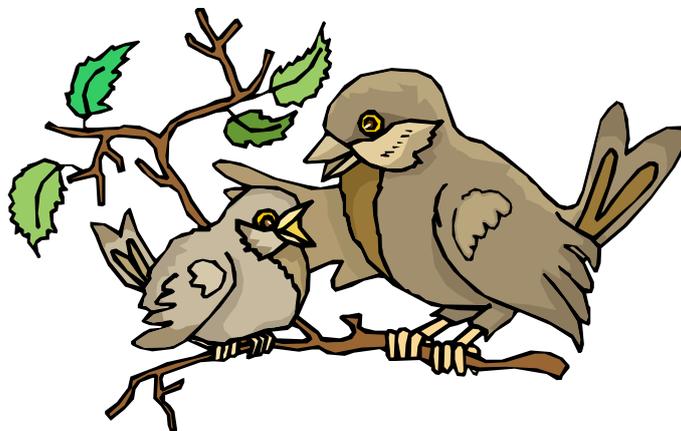


P.E.A.C.H Diary



Child's name:	
Date of Birth:	
Parent/Care giver completing PEACH:	
Date completed:	

Type in boxes

Developed by Teresa Ching & Mandy Hill

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Pre interview checklist

Type 'X' in relevant box	Yes	No
Example – Did you have breakfast this morning?	X	
Did you observe your child for at least one week?		

During that week:

Has your child been wearing his or her hearing aids and/or cochlear implant?		
Has your child been well/healthy?		
Have the hearing aids been working properly?		

If you answer 'No' to any of the above questions, please contact your audiologist and re-schedule the appointment for your PEACH interview for:

Date: _____ **Time:** _____

Observation dates

Please observe your child from _____ **to** _____

Guidelines for parents

What is the PEACH?

- The PEACH (**P**arents' **E**valuation of **A**ural/oral performance of **C**hildren) is a questionnaire designed to record how your child is hearing and communicating with his/her hearing aids/cochlear implant at the moment. To complete the questionnaire you need to observe your child for at least one week, and record your observations for 13 questions. The topics covered include:
 - USE of amplification & Loudness DISCOMFORT
 - listening and communicating in QUIET
 - listening and communicating in NOISE
 - TELEPHONE usage
 - responsiveness to sounds in the ENVIRONMENT
- The PEACH is not a test. Remember even normal hearing people have some difficulty hearing in some situations. As the PEACH has been developed for use with babies, older children and children of different abilities, some of the questions may not be relevant to your child yet. Children's listening skills improve as they grow and develop and as they get more listening practice.

Why use it?

Your observations will be used to build a vivid picture of your child's auditory experience that helps your audiologist to evaluate the effectiveness of your child's hearing aids and fine tune them if necessary. It can also be used to track your child's progress.

How do I do it?

- Read through all the questions first so you know what you need to observe.
- Some of the questions have two alternatives. Use the alternative that gives examples that better describe your child's behaviour.
- Carry your booklet around with you and write down your observations as you notice them.
- Be as specific as you can when giving examples. For example, for Question 6 you might write:
"Olivia stopped and crawled to me when I called her name from the kitchen (5 metres away)."
- Write down as many examples as you can for each question. Your audiologist will score each question based on the number of examples you give.
- If your baby/child doesn't respond record those examples too.
- If you have many examples of the same type of behaviour that's okay just record the behaviour every time it occurs.
- Only record examples of behaviour that you have observed during the time period designated by your audiologist.

Helpful Hints

- Identify certain noisy and quiet times of your day to observe your child and collect examples.
 - **Quiet** times may occur first thing in the morning and/or during story time.
 - **Noisy** times may occur during an activity such as kindy-gym, when having coffee with friends or when the TV/radio is on.
 - Write down the examples as soon as you observe them. Usually by the end of the day it is hard to remember exact details.
- Don't forget to carry the booklet with you.

What happens next?

- Your audiologist will arrange a time with you to collect the PEACH and go through it with you.
- They may ask further questions to help them to score accurately and to make sure they have a thorough understanding of the abilities and needs of your child.
- Results from the PEACH will enable you and your audiologist to gain a better understanding of specific difficulties your child may be experiencing. The information may then be used by your audiologist to fine tune your child's hearing aids.

USE OF DEVICE & LOUDNESS DISCOMFORT

Questions 1 & 2

1. I would like to know how often your child is wearing his/her hearing aids and/or cochlear implant. Can you tell me about your child's routine for wearing his/her hearing aids/cochlear implant in the last week?

Routine:	
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Type in box

2. Has your child complained about / or been upset by any loud sounds in the last week. (He or she may startle and/or cry, cover his/her ears, pull his or her hearing aids off, complain or show some other signs of discomfort)?

Please list examples of when your child has *or has not* displayed the above behaviour over the last week, describing when and where they occurred.

Examples:	
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Type in box

LISTENING IN DIFFERENT SITUATIONS

Questions 3-12

3. You are in a quiet place with your child (For example he/she may be sitting next to you, behind you or across the room when the TV is off). Does he or she respond to a **familiar voice** or to his or her **name** the first time you call, talk or sing when he/she is unable to see your face? For example, he/she may respond by smiling, looking up, by turning his/her head or by answering you verbally.

OR

You are in a **quiet** place with your child, (for example, he/she may be feeding with eyes closed or lying or sitting next to you when the TV is off). Does he or she respond to a **familiar voice** the first time you call, talk or sing when he/she is unable to see your face? For example when you talk or sing, he/she may respond by quietening, cessation of sucking, increasing rate of sucking, opening eyes, eye widening or by looking.

Quiet situations may be when the TV music or radio is off or when any other people in the house are in another area or doing quiet activities.

Please list examples of when your child has *or has not* displayed the above behaviour over the last week, describing when and where they occurred.

Examples:	
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Type in box

4. You are in a **quiet** place with your child (For example, he/she may be sitting next to you, behind you or across the room when the TV is **off**). When you ask him/her a **simple question** (For example, where's Mummy?), or to do a **simple task**, (For example, look, clap, wave, point, pick up a toy, go and get your shoes etc) does he or she respond the first time you ask?

Quiet situations may be when the TV music or radio is off or when any other people in the house are in another area or doing quiet activities.

Please list examples of when your child has or has not displayed the above behaviour over the last week, describing when and where they occurred.

Examples:	
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Type in box

5. You are in a **noisy** place with your child (for example he/she may be sitting next to you, behind you or across the room when the TV is **on**). Does he or she respond to a **familiar voice** or to his or her **name** the first time you call, talk or sing when he/she is unable to see your face? For example, he/she may respond by smiling, looking up or by turning his/her head or by answering you verbally.

OR

You are in a **noisy** place with your child, (for example, he/she may be feeding with eyes closed or lying or sitting next to you when the TV is on). Does he or she respond to a **familiar voice** the first time you call, talk or sing when he/she is unable to see your face? For example when you talk or sing, he/she may respond by quietening, cessation of sucking, increasing rate of sucking, opening eyes, eye widening or by looking.

Examples of noisy situations are: when the TV is on, or the dishwasher / radio / music / washing machine are on, other children are playing or talking in the same room, at family gatherings, in a shopping centre or restaurant.

Please list examples of when your child has or has not displayed the above behaviour over the last week, describing when and where they occurred.

Examples:	
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Type in box

6. You are in a **noisy** place with your child (For example, he/she may be sitting next to you, behind you or across the room when the TV is on). When you ask him/her a simple question (For example, where's Mummy?), or to do a simple task, (For example, look, clap, wave, point, pick up a toy, go and get your shoes, etc) does he or she respond the first time you ask?

Examples of noisy situations are: when the TV is on, or the dishwasher / radio / music / washing machine are on, other children are playing or talking in the same room, at family gatherings, in a shopping centre or restaurant.

Please list examples of when your child has or has not displayed the above behaviour over the last week, describing when and where they occurred.

Examples:	
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Type in box

7. When you are in a **quiet** place reading your child a story (or he/she is listening to stories/songs on the TV, video or cassette tape when there is no other background noise), does he or she pay close attention to/ follow the line of the story? (For example, your child may ask questions about the story, answer your questions, discuss the story with you, sing along with the song).

OR

When you are in a **quiet** place reading your child a story (or he/she is listening to stories, songs, nursery rhymes on TV, video or cassette tape when there is no other background noise) does he or she pay close attention to/follow the story? (For example, your child may look at the pictures or TV screen, turn the pages, lift the flaps, point to or label the correct picture, make the appropriate sounds for the object/animal depicted, or find objects, clapping, dancing, imitating, humming, or performing actions etc).

Hint: Try showing the story book without reading or turning the TV volume right down to see if your child still responds when only the visual stimulus is present.

Please list examples that have occurred over the last week describing when and where they occurred.

Examples:	
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Type in box

8. When you are in a **quiet** place with your child how often does he or she initiate and participate in **conversation** with you and your family or with friends? (For example, does he/she need frequent repetition, does he/she respond to the topic appropriately, does he/she overhear conversation).

OR

When you are in a **quiet** place with your child how often does your child **vocalise** to get your attention/ to express need/ or in response to you or family members or familiar persons? (For example, by varying voice pitch, trying to imitate sounds or words, taking turns in vocalising, pointing to objects while vocalising or naming them)

Quiet situations may be when the TV, music or radio is off or when any other people in the house are in another area or doing quiet activities.

Please list examples that have occurred over the last week describing when and where they occurred.

Initiate (e.g. vocalising to get your attention or to express need):

Examples:	
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Type in box

Participate (e.g. taking turns in vocalising):

Examples:	
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Type in box

9. When you are in a **noisy** place with your child how often does he or she initiate and participate in **conversation** with you and your family or with friends? (For example, does he/she need frequent repetition, does he/she respond to the topic appropriately, does he/she overhear conversation).

OR

When you are in a **noisy** place with your child how often does he or she **vocalise** to get your attention/ to express need/ or in response to you or family members or familiar persons? (For example, by varying voice pitch, trying to imitate sounds or words, take turns in vocalising, point to objects while vocalising or name them)

Examples of noisy situations are: when the TV is on, or the dishwasher / radio / music / washing machine are on, other children are playing or talking in the same room, at family gatherings, in a shopping centre or restaurant.

Please list examples of when your child has or has not displayed the above behaviour over the last week, describing when and where they occurred.

Initiate (e.g. vocalising to get your attention or to express need):

Examples:	
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Type in box

Participate (e.g. taking turns in vocalising):

Examples:	
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Type in box

10. When you talk/sing to your child in the **car or in a bus or train**, does he/she respond to/follow what you are saying/singing? Responses may include quietening down, pointing, or looking towards something, or joining in with the song or responding verbally.

Please list examples of when your child has or has not displayed the above behaviour over the last week, describing when and where they occurred.

Examples:	
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Type in box

11. If you or a friend call your child when he or she is unable to see your face, does he/she **recognise** who is calling (For example, answer giving the persons name, or call out to the person using the person's name or say "...", is at the door).

OR

If you or a close family member speak/sing when your child is not looking, (For example, from the hallway or from behind) would he/she recognise who it was? (For example, they may quieten or calm down, gaze and smile or look animatedly for the speaker).

Please list examples of when your child has or has not displayed the above behaviour over the last week, describing when and where they occurred.

Examples:	
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Type in box

12. Does your child use the **telephone**? If yes, can he/she recognise the voice of a familiar person and/or have a conversation with the caller?

Please list examples of when your child has or has not displayed the above behaviour over the last week, describing when and where they occurred.

Examples:	
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Type in box

ENVIRONMENTAL SOUNDS

Question 13

13. What sounds, other than people's voices, has your child responded to or recognised in the last week? (For example, he/she may awaken to a door slamming or startle when something is dropped on the floor, stop sucking, quieten, look quizzical, search for the sound, imitate the sound or name the sound).

Please list examples that have occurred over the last week describing when and where they occurred.

Examples:	
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Type in box