



Listening observations sheet for parents and carers

Your observations of your baby's response to sound is vital to help build up a picture of their hearing loss. Try to note any new responses you see and ask other members of the family and friends to record their observations too.

Remember your baby's response will depend on:

- **their listening environment**
what was the level of background noise, what sort of room were you in (e.g. sound quality in a bathroom is very different from the sound quality in a lounge), how far from the baby was the noise?
- **if they are wearing their hearing aids or not**
are the batteries still okay, is there any feedback?
- **their mood and their attention**
if they are hungry, tired or need a clean nappy, it is likely that those feelings will be more important than any sounds around them and so they are likely to be less responsive.

Your child may show a range of responses to sound, for example:

- stilling/calming
- startle response
- crying or becoming distressed
- changes in expression e.g. eye-widening, frowning, moving eyebrows
- turning their head or moving arms, legs or body
- they may change their breathing pattern e.g. holding their breath or breathing more rapidly or slowly
- if the baby is feeding, their sucking pattern may change, e.g. they may stop sucking for a short period of time

If your baby shows an awareness of sound it is important that you respond to their interest: try to show them what made the sound, repeat the sound again, make a game of listening for the sound, and so on. If you show that the sound is interesting and reward their interest, you will be supporting the development of your baby's listening potential.

Your observations will be very useful to the audiologist and teacher of the Deaf and will help us make sure your baby has the most appropriate hearing aids.

Overleaf are some of the sounds that your child may be exposed to. Please record any others not included on the list that gained a response from your child. Please bring this sheet with you to your next clinic appointment.



Name:

Date:

Types of sounds	Date	Response observed	Wearing hearing aids? Y/N	Noise level	Distance
Mum's loud voice					
Dad's loud voice					
Other loud voice					
Mum's quiet voice					
Dad's quiet voice					
Other quiet voice					
Laughter					
Crying					
Singing					
Shouting					
Blowing a kiss					
Clicks or other sounds					
Play sounds e.g. moo, brm-brm.					
Hoover					
Doorbell/phone					
Music					



Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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Whittington Health NHS Trust
Magdala Avenue
London
N19 5NF
Phone: 020 7272 3070
www.whittington.nhs.uk

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