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Pre - training questionnaire

Community_____

This questionnaire is anonymous (no names identified)

Your age (please tick appropriate answer below)			
16 – 30 years	31 – 45 years	46+ years	Prefer not to answer

	Confidence (Place a ✓ in the box that matches your answer)	**1** No	**2** Little bit	**3** Medium	**4** A lot	**5** Very much
1.	I feel confident in ear health					
2.	I feel confident in understanding the role of an Ear Health Facilitator					
3.	I am confident checking ear health					
4.	I am confident teaching families about ear disease					
5.	I feel confident to assist families to attend ear appointments					
	Knowledge (Place a ✓ in the box that matches your answer)	**1** No	**2** Little bit	**3** Medium	**4** A lot	**5** Very much
1.	I know the parts of the middle ear					
2.	I know how sound travels through the ear					
3.	I understand how hearing impacts on learning and childhood development					
4.	I know the signs and symptoms of otitis media					
5.	I know ways to prevent ear disease and hearing loss					
	Skills (Place a ✓ in the box that matches your answer)	**1** No	**2** Little bit	**3** Medium	**4** A lot	**5** Very much
1.	I feel confident to take a health history					
2.	I feel confident to assess the health of the outer ear					
3.	I know how to use an otoscope					
4.	I know how to use tympanometer					
5.	I know how to do a hearing screen					
6.	I feel I can understand the results of the above assessments					

The Hearing for Learning Initiative is funded by The Balnaves Foundation, The Northern Territory Government and the Australian Federal Government