OMQ-14: Quality of Life in children's ear problems

Questionnaire on impact of ear problems in children 3-9 years*

*. Exceptionally, the questionnaire can be used after a child becomes 9 years old (see User Manual)

How parent/caregiver should complete this questionnaire

Some children are more affected than others, and in differing ways. Help can best be given, and improvement best assessed, when this impact is measured in a standard way that bridges these differences. The following 14 questions cover some of the most important ways in which ear problems affect children's quality of life. For some questions an interpretation may be involved, not just an observation, so an "unsure" response is permitted. But please try to avoid this, by choosing the response that best describes just how affected your child has been over the last 3 months, and placing a tick-mark (√). On finishing, please check that you have answered all questions. The answers will be kept confidential to the clinic or research team.

All questions refer to the period of the last 3 months.

1. Over the last three months, taking everything into account, how has your child's health has been?		FOR OFFICE USE ONLY
Very good	☐	
Good	☐	
Only fair, or poor	☐	

2. How many times has he/she had trouble with his/her ears?		
Not at all	☐	
Once	☐	
2-3 times	☐	
4 or more times	☐	

All questions refer to the last 3 months.

3. How many ear infections has he/she had ? ***(i.e. severe pain in his/her ear, possibly with a temperature, smelly discharge in ear canal, or hole in eardrum)***	
0	☐
1	☐
2-3	☐
4 or more	☐

4. How many times has he/she had an earache?	
0	☐
1	☐
2-3	☐
4 or more	☐

5. How would you describe your child's hearing?	
Normal	☐
Slightly below normal	☐
Poor	☐
Very poor	☐
Not sure	☐

6. Has he/she mis-heard words when not looking at you?	
No	☐
Rarely	☐
Often	☐
Always	☐
Not sure	☐

All questions refer to the last 3 months.

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7. Has he/she had difficulty hearing when with a group of people? (i.e. not one-to-one)	
No	☐
Rarely	☐
Often	☐
Always	☐
Not sure	☐

8. How long can he/she concentrate on a game or a task you have given him/her to do?	
Up to 2 minutes	☐
Up to 5 minutes	☐
5-10 minutes	☐
10-15 minutes	☐
More than 15 minutes	☐

9. How often does he/she seek your attention unnecessarily? (e.g. in an unusually dependent way, asking for help for a task he/she can do alone, demanding to be carried, demanding you play with them, following you around)	
Less than once a month	☐
Once a month	☐
Once a week	☐
Once a day	☐
Two or more times per day	☐

10. How often is he/she unhappy for no apparent reason?	
Less than once a month	☐
Once a month	☐
Once a week	☐
Once or more per day	☐

All questions refer to the last 3 months.

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11. Has he/she mispronounced the beginnings or ends of words?	
No	☐
Rarely	☐
Often	☐
Always	☐

12. Has his/her speech been behind (less developed than) that of children of similar age?	
No	☐
A little	☐
Moderately or a lot	☐
Not sure	☐

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13. Have you often felt tired?	
Yes	☐
No	☐

14. Has your child needed more attention than other children ?	
Yes	☐
No	☐

Responding person providing information

A. Would you describe your educational qualifications as:			
Left school before age 15 years	☐	Usual school exams for 15-16	☐
Usual school exams for 17-18	☐	Further qualifications, but not university degree	☐
University degree	☐	Not applicable	☐

Score 1

Score 2

B. Are you:			
Child's mother	☐	Child's father	☐
☐ Other (please specify)..			
Your own age.....................................| Age of child:..................................			

Score 3

C. If any impacts from the ear problems of your child which you think important have not been covered above, please mention up to 4 here:

1...

2...

3...

4...