

# *Noisy Planet* Mall Interviews

**PARENT/GUARDIAN INTERVIEW SURVEY**

**Fact Sheet Titled “Hearing Health for Your Children”**

**FACT SHEET DESIGN**

**1. Please take a look at these two fact sheets. Based ONLY on the “look and feel” of these fact sheets—meaning the colors, visuals, and layout—which one do you like better?**

( ) Blue “wave” fact sheet

( ) Blue “grid” fact sheet

**Now, focus ONLY on the fact sheet that you said you liked better.**

**2. On a scale of 1 to 5, where “1” is “poor” and “5” is “excellent,” what is your opinion of the format/layout of this fact sheet?** *(Circle one number.)*

1 ………. 2 ………. 3 ………. 4 ………. 5

Poor ……….………………….…….. Excellent

**3. On a scale of 1 to 5, where “1” is “poor” and “5” is “excellent,” what is your opinion of the colors in this fact sheet?** *(Circle one number.)*

1 ………. 2 ………. 3 ………. 4 ………. 5

Poor ……….………………….…….. Excellent

**4. On a scale of 1 to 5, where “1” is “poor” and “5” is “excellent,” what is your opinion of the visuals/images in this fact sheet?** *(Circle one number.)*

1 ………. 2 ………. 3 ………. 4 ………. 5

Poor ……….………………….…….. Excellent

**4a. What is one thing that you would change to the fact sheet’s “look and feel”?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACT SHEET INFORMATION—GENERAL COMMENTS**

**Now, please take a few moments to read the entire fact sheet that you said you liked better.**

*[Interviewer: Note the approximate amount of time that the respondent took to read the fact sheet: \_\_\_\_\_ minutes.]*

**5. On a scale of 1 to 5, where “1” is “very difficult to read” and “5” is “very easy to read,” how easy was the fact sheet to read?** *(Circle one number.)*

1 ………. 2 ………. 3 ………. 4 ………. 5

Very difficult to read ………….… Very easy to read

**6. Do you believe the information in the fact sheet?**

( ) Yes

( ) No

**7. How likely are you to use this information with your child?**

( ) Very likely

( ) Somewhat likely

( ) Somewhat unlikely

( ) Very unlikely

( ) I don’t know

**8. Will you encourage your child to take actions based on the information you read in this fact sheet?**

( ) Yes

( ) No

**8a. If yes, what actions will you encourage your child to take** **based on the information you read in this fact sheet?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Would you visit the website listed in this fact sheet (www.noisyplanet.nidcd.nih.gov)?**

( ) Yes

( ) No

**10. Would you call the 800 number listed in this fact sheet (800-241-1044)?**

( ) Yes

( ) No

**FACT SHEET INFORMATION—SPECIFIC CONTENT**

**The next questions are not to test you but to test how well the fact sheet is written.** *[The respondent is welcome to review the fact sheet while answering the next questions.]*

**11. In your own words, what is this fact sheet trying to tell you?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. Noise-induced hearing loss is caused by:**

( ) Long or repeated exposure to very quiet sounds.

( ) Long or repeated exposure to loud sounds. [CORRECT]

**13. Noise-induced hearing loss is preventable—true or false?**

( ) True [CORRECT]

( ) False

**14. Noise-induced hearing loss always affects both ears—true or false?**

( ) True

( ) False [CORRECT] (Noise-induced hearing loss can affect one ear or both ears.)

**15. Research has shown that adolescents listen to their parents and model their parents’ behavior—true or false?**

( ) True [CORRECT]

( ) False

**16. Which of the following can protect your child’s hearing?** *[Interviewer: Read aloud all response options.]*

( ) Wearing hearing protectors.

( ) Moving away from the noise.

( ) Lowering the volume.

( ) All of the above. [CORRECT]

**17. Who is the sponsor of this fact sheet?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[CORRECT RESPONSE: U.S. (Federal) Government, U.S. Department of Health and Human Services, National Institutes of Health (NIH), National Institute on Deafness and Other Communication Disorders (NIDCD) (any of these is correct)].

**WEBSITE PAGE**

Thank you for your answers so far. I only have a few more questions.

**18. Please take a brief look at these sample website page(s). On a scale of 1 to 5, where “1” is “not at all” and “5” is “a lot,” how much do you like these website pages?**

**Website Page A** (*Circle one number.)*

1 ………. 2 ………. 3 ………. 4 ………. 5

Not at all ……….………………….…….. A lot

**Website Page B** *(Circle one number.)*

1 ………. 2 ………. 3 ………. 4 ………. 5

Not at all ……….………………….…….. A lot

**19. What is one thing that you would change on Website Page A?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**19a. What is one thing that you would change on Website Page B?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**20. Would you visit this Web page?**

( ) Yes

( ) No;

**20a.** **Why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**21. Would you share this Web page with other people, such as friends, other parents, family members, school teachers, or doctors?**

( ) Yes

( ) No;

**21a.** **Why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MOBILE APP**

**22. Where does your adolescent child get most of his or her information about healthy living? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Examples: School, parents, friends, other family members, pediatrician/other doctor, television, books, smartphone, Internet)*

**23. Does your adolescent child have access to a smartphone?**

( ) Yes; **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

( ) No

**23a.** **Who decides which apps to download for his/her use?**

**24. Would you encourage your adolescent child to use an interactive app on protecting his or her hearing?**

( ) Yes

( ) No;

**24a.** **Why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**25. Would you install a mobile app on your (or your child’s) smartphone that tells you when the noise or sound around you is too loud and could damage your hearing?**

( ) Yes

( ) No;

**25a.** **Why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you so much for your time. Your valuable feedback will help improve**

**the National Institutes of Health education materials.**