PEACH Score Sheet

Child's Name:_____ DOB:_____ GA:_____ Sex:_____

Respondent:_____ Date:_____ Notes:_____

_____

DATE

T_1 _____

T_2 _____

T_3 _____

Y-axis: PEACH Score (0–100)

Sections along X-axis: Overall, Quiet, Noise — each with columns T_1, T_2, T_3
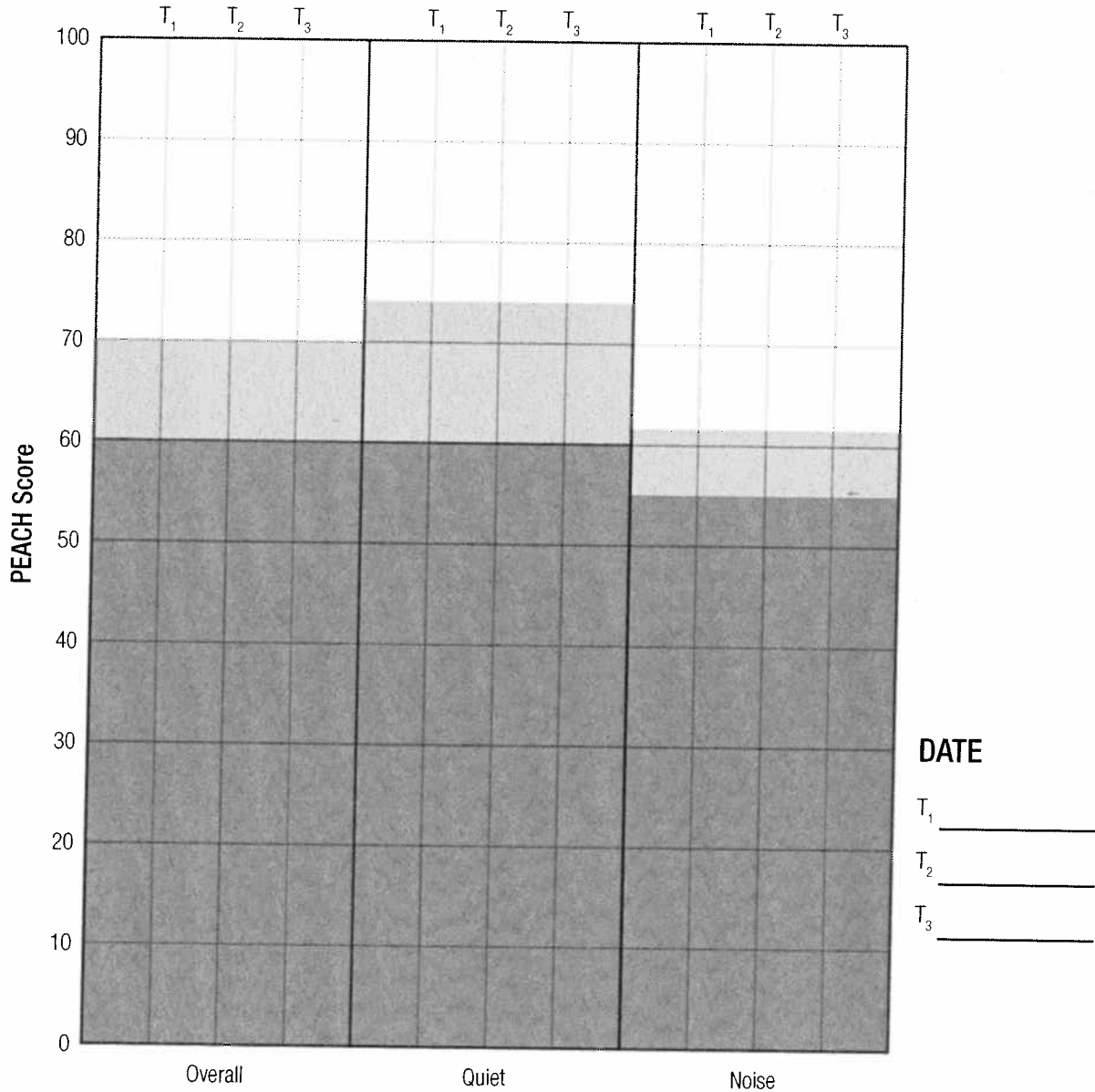
Legend ☐ Typical Performance   Possible Review Indicated   ▓ Further Review Indicated

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Notes: Enter the total scores by marking the percentage score on the graph corresponding to each subscale. Children with scores in the dark (lower) shaded region warrant further review. A possible review is indicated when children have scores in the light (upper) shaded region. Children with scores in the unshaded region are performing as expected. Use the vertical lines (T1, T2, T3) within each subscale to indicate scores on different dates and note the date in the legend provided.

The University *of* Western Ontario

PEDAMP

Pediatric Audiological Monitoring Protocol

Parents' Evaluation of Aural/Oral Performance of Children (PEACH)

Child's Name: _____   Date of Birth: _____
                                                                                   y y y y / m m m / d d

Respondent: _____   Completion Date: _____
                                                                                   y y y y / m m m / d d

	Question	Never 0%	Seldom 1–25%	Sometimes 25-50%	Often 51-75%	Always 75-100%
1	How often has your child worn his/her hearing aids and/or cochlear implant?	0	1	2	3	4
2	How often has your child complained or been upset by **loud** sounds?	4	3	2	1	0
3	When you call, does your child respond to his/her name in a **quiet** situation?	0	1	2	3	4
4	When asked, does your child follow simple instructions or do a simple task in a **quiet** situation?	0	1	2	3	4
5	When you call does your child respond to his/her name in a **noisy** situation when he/she can't see your face? (examples of responses include looks up, turns, answers verbally)	0	1	2	3	4
6	When asked, does your child follow simple instructions or do a simple task in a **noisy** situation?	0	1	2	3	4
7	When you are in a **quiet** place reading with your child, how often does he/she pay close attention to what you are saying? OR if your child is listening to stories/songs on the TV or CD when there is no other background noise how often can he/she follow what is being said?	0	1	2	3	4
8	How often does your child initiate/participate in conversation in a **quiet** situation?	0	1	2	3	4
9	How often does your child initiate/participate in conversation in a **noisy** situation?	0	1	2	3	4
10	How often does your child understand what you say in the car/bus/train?	0	1	2	3	4
11	How often does your child recognise peoples' voices without seeing who was talking?	0	1	2	3	4
12	How often does your child successfully use a phone?	0	1	2	3	4
13	How often does your child respond to sounds other than voices?	0	1	2	3	4

		RAW Score		% Score	
QUIET	(Q's 3+4+7+8+11+12) A			(A/24) X 100	
NOISE	(Q's 5+6+9+10+13) B			(B/20) X 100	
OVERALL	(A+B) C			(C/44) X 100	

Service Provider: _____   Location: _____