

# Djaalinj Waakinj (Listening, Talking)

## Otitis Media Quality of Life Survey (OM-6)

 Please help us **understand the impact of ear infections on your child's quality of life** by ticking one box  for each question below. Thank you.

### SYMPTOMS:

*How would you describe your child's symptoms over the past 4 weeks?*

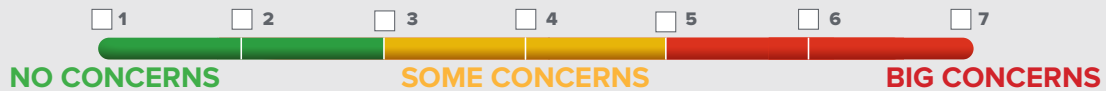
For example: Earache, sore ears, runny ears, unbalanced/dizzy, headache, temperature/feeling warm, blocked/clogged nose.



### HEARING:

*How would you describe your child's hearing over the past 4 weeks?*

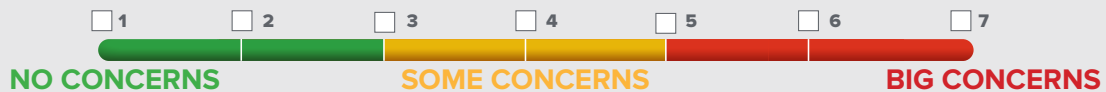
For example: difficulty hearing, questions must be repeated, frequently says "what", doesn't hear when called, doesn't hear knock at the door, has TV on too loud.



### TALKING:

*How would you describe your child's talking over the past 4 weeks?*

For example: late talking, hard to understand, unable to repeat words clearly.



### CHILD'S FEELINGS:

*How would you describe your child's feelings over the past 4 weeks because of their ears?*

For example: crying a lot, grumpy, angry/upset, fidgety, not eating well.



### PHYSICAL ACTIVITY:

*How would you describe your child's physical activity over the past 4 weeks because of their ears?*

For example: playing, sleeping, doing things with friends/family, attending school/daycare.



### FAMILY'S FEELINGS:

*How often have you or anyone in your family been worried or concerned about your child's ears over the past 4 weeks?*



**OVERALL, HOW WOULD YOU RATE YOUR CHILD'S WELLBEING BECAUSE OF THEIR EARS? (Tick one box)**

