Acceptance and Action Questionnaire—Managing Child Hearing Loss (AAQ-MCHL)

In this questionnaire, we use the term “frustration” to describe negative thoughts and feelings about your child’s hearing loss. Please replace the word “frustration” with thoughts and feelings about your child’s hearing loss that bother you the most.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| Never True | Very rarely true | Seldom true | Sometimes true | Often true | Almost always true | Always true |

1. My frustration with my child’s hearing loss has negatively affected my parenting.
2. I wish I could control negative thoughts and feelings about my child’s hearing loss.
3. I need to manage negative thoughts about my child’s hearing loss to be a better parent.
4. My negative thoughts and feelings about my child’s hearing loss lead me to avoid situations.
5. I worry about what others think of my child’s hearing loss.
6. I suppress negative thoughts and feelings related to my child’s hearing loss.
7. I spend a lot of time thinking how things would be for me without my child’s hearing loss.
8. Frustration with my child’s hearing loss keeps me from effectively treating and managing it.

*Scoring instructions: Sum item ratings to get a total score.*