

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



Child's Name: _____

D.O.B: _____

Pre-Interview Questions

1	Child's use of hearing aids/cochlear implant*
2	Is your child upset by loud sounds

* If score ≤ 1 do not proceed, investigate cause.

PEACH Items

No.	Scale	Item Description
3	Quiet	Respond to name in quiet
4	Quiet	Follow verbal instructions in quiet
5	Noise	Respond to name in noise
6	Noise	Follow verbal instructions in noise
7	Quiet	Follow story read aloud
8	Quiet	Participate in conversation in quiet
9	Noise	Participate in conversation in noise
10	Noise	Participate in conversation in transport
11	Quiet	Recognise voice of familiar persons
12	Quiet	Converse on the phone
13	Noise	Recognise sounds in the environment

	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

Comparison Conditions

Condition 1: _____

Condition 2: _____

Compare current settings with previous settings (use scoring key 2)

Much worse	Worse	Same	Better	Much Better
-2	-1	0	1	2
-2	-1	0	1	2
-2	-1	0	1	2
-2	-1	0	1	2
-2	-1	0	1	2
-2	-1	0	1	2
-2	-1	0	1	2
-2	-1	0	1	2
-2	-1	0	1	2
-2	-1	0	1	2
-2	-1	0	1	2
-2	-1	0	1	2

AVERAGE Comparison Score (Add all scores, divide by 11)	
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Comments: _____
