

Unique Protocol ID: SE 312/2021

Brief Title: Adaptation of Pediatric Speech Audiometry Tests Into Other Languages

Official Title: Methodological Guide for the Adaptation of Pediatric Speech Audiometry
Tests Into Other Languages

25 August 2025



Parental Consent Form and Questionnaire

Introduction

Your child is invited to participate in a research study that aims to adapt and validate a Hungarian version of a pediatric speech audiometry test. This research will help in the development of reliable hearing assessments for children in Hungary.

Procedures

Your child will be asked to participate in a hearing screening and a speech recognition test using familiar images.

Voluntary Participation

Participation is entirely voluntary. You may withdraw your child from the study at any time without any consequences.

Risks and Benefits

There are no anticipated risks related to participation. Participation may benefit future improvements in pediatric hearing assessments in Hungary.

Confidentiality

All data will be anonymized and handled confidentially. Your child's name will not appear in any publications or reports.

Contact Information

For questions or concerns, please contact: Dr. Gergely Vasvári; Semmelweis University;
Email: g.vasvari@gmail.com

Parental Consent Statement

☐ I have read and understood the information above. I voluntarily consent to my child's participation in this study.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____



Questionnaire for Parents

Participant Information

Child's Identifier (or Name): _____

Date of Birth: ____ / ____ / ____

Sex: ☐ Male ☐ Female

Kindergarten attended: _____

Inclusion Criteria Checklist

Please answer the following:

1. Does your child currently have symptoms of an upper respiratory tract infection?

☐ Yes ☐ No

2. Has your child been diagnosed with any speech-language developmental disorders?

☐ Yes ☐ No

3. Has your child been diagnosed with any cognitive disorders?

☐ Yes ☐ No

4. Does your child have any hearing problems known to you?

☐ Yes ☐ No

If you answered Yes to any of the above, please provide additional details (optional):

Optional

Is your child regularly exposed to other languages at home? ☐ Yes ☐ No

If yes, which language(s)? _____