FORM 2A
OMT IN MANAGEMENT OF RECURRENT OTITIS MEDIA
HEARING BEHAVIOR RATING

PATIENT IDENTIFICATION □□-□□□□

1. DATE OF THIS VISIT: □□/□□/□□
   MONTH DAY YEAR

2. Month in Study from Randomization □□

3. Initial □ 1  Midway □ 2  Final Evaluation □ 3  Telephone Contact □ 4

4. Treatment Group  1 □ yes  2 □ no  If so, Treatment #___________

For each item or statement below, place a check in the box which rates your child’s behavior since he/she has been having ear infections by placing a check.

<table>
<thead>
<tr>
<th>Please check one column for each item</th>
<th>Much More Than Usual (5)</th>
<th>More (4)</th>
<th>No Change or Normal (3)</th>
<th>Less (2)</th>
<th>Much Less Than Usual (1)</th>
<th>Does Not Apply (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Irritability or Testiness</td>
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<td>6. Disobedience</td>
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<td>7. Pulling/Batting or complaints of ear pain</td>
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<td>8. Hears when spoken to (e.g., hears when you call his/her name)</td>
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<td>9. Restful Sleep</td>
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<td>10. Appetite or Desire for Food</td>
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<td>11. Talking and Conversation</td>
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<td>12. Listens when spoken to (e.g., seems to pay attention and respond when you are talking to him/her.)</td>
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<td>13. Clumsiness</td>
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</table>

AT FINAL EVALUATION ONLY:

14. Head Circumference □□.□ CM

15. How would you rate your and your child’s experience in this project?
 □ -2  □ -1  □ 0  □ +1  □ +2
VERY DISSATISFIED  MODERATELY DISSATISFIED  NO OPINION  MODERATELY SATISFIED  VERY SATISFIED
16. IN WHAT WAY WERE YOU EITHER DISSATISFIED OR SATISFIED? PLEASE GIVE DETAILS:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

NAME OF STUDY PRIMARY INVESTIGATOR: 
(PLEASE PRINT)

NAME OF PERSON COMPLETING FORM: 
(PLEASE PRINT)

(SIGNATURE)

DATE OF FORM COMPLETION:  ☐ ☐ / ☐ ☐ / ☐ ☐
Month Day Year

FAX COMPLETED FORMS TO (918) 747-9778