

Appendix 1: LittleEARS

For the 97 infants with LittleEARS data, a simple bivariate correlation analysis showed that scores were associated with test age ($r = 0.58$, $p < 0.001$), with higher scores for older infants (Figure 1). A linear regression analysis with age and CAEP latencies and amplitudes for the three stimuli as independent variables showed a significant association between /m/ amplitude (Beta 0.366, SE 0.097, $t = 3.416$, $p = 0.001$) and age (Beta 0.432, SE 0.052, $t = 3.635$, $p = 0.001$) with LittleEARS scores. None of the other CAEP measures showed a significant association with LittleEARS scores. The overall regression model was statistically significant with an adjusted r squared value of 0.458 (SE of the estimate 2.92), $F(7,66) = 9.82$, $p < 0.001$.

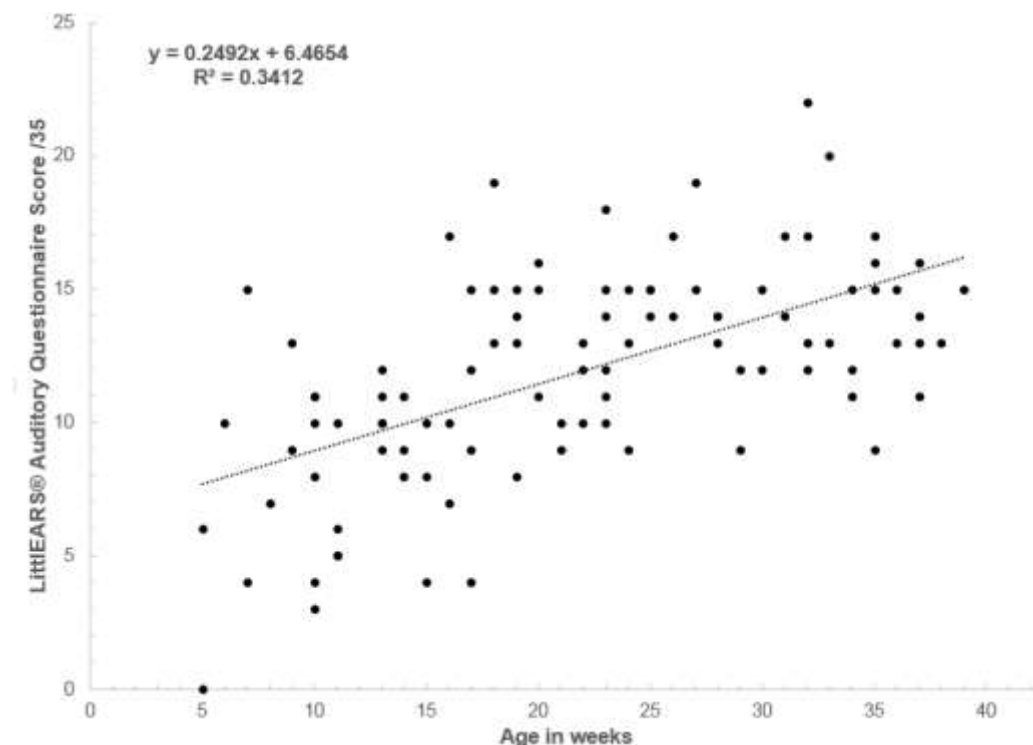


Figure 1. Scatter plot showing relation between infant age (in weeks) at time of CAEP testing and LittleEARS scores (maximum score for questionnaire is 35)

Mean LittleEARS scores for infants in the four age bands were:

- <11 weeks (n = 14): 7.9 (SD = 1.9)
- 11-20 weeks (n = 32): 10.7 (SD = 3.8)
- 21-30 weeks (n = 28): 13.2 (SD = 2.6),
- >30 weeks (n = 23): 14.5 (SD = 2.9)

These data are consistent with the expected LittleEARS scores reported by Coninx et al.

(2009) for children aged 1-2, 3-4, 6-7, and 8-9 months respectively, based on an international sample of 3309 children with normal hearing from 16 countries.