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*** Type of facility:(please check all that apply)**

- Hospital audiology clinic
- Medical office (e.g. ENT office)
- Private practice
- University audiology clinic
- Public school audiology clinic
- Nonprofit center
- Military
- State affiliated clinic/hospital
- Other

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3. Facility Information

Please provide the address and contact information for the location where pediatric audiology services are provided.

*** Name of facility:**

cdc



Facility's website address:

* Facility street address:

* Facility city:

* Facility state:

* Facility zip code:

E-mail address of facility (e.g., SmithAudiology@gmail.com):

* Telephone (Voice), including area code (xxx-xxx-xxxx)::

Telephone (TTY), including area code (xxx-xxx-xxxx)::

Fax, including area code (xxx-xxx-xxxx):

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4. Reporting behavior profile

Your answer to the following question will not impact your inclusion in the EHDI-PALS facility directory.

* Does your facility perform diagnostic hearing tests

Yes

No

26%

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4. Reporting behavior profile

Your answer to the following question will not impact your inclusion in the EHDI-PALS facility directory.

*** Does your facility typically report or refer hearing screening results and or diagnosed permanent hearing loss to: (choose all that apply)**

	Yes	No
My state/territory newborn hearing screening (EHDI) program	<input type="checkbox"/>	<input type="checkbox"/>
An Early Intervention program (Part C)	<input type="checkbox"/>	<input type="checkbox"/>
My local school district (Part B)	<input type="checkbox"/>	<input type="checkbox"/>

26%

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4. Reporting behavior profile

Your answer to the following question will not impact your inclusion in the EHDI-PALS facility directory.

*** How often do you typically report to your state/territory newborn hearing screening (EHDI) program? (select one)**

We report on most to all cases (i.e., more than 2/3 of cases)

We don't report on most cases or all cases (i.e., less than 2/3 of cases)



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4. Reporting behavior profile

Your answer to the following question will not impact your inclusion in the EHDI-PALS facility directory.

*** Which of the following are reasons why you do not typically report to your EHDI program? (select all that apply)**

- Lack of time
- No support personnel to help me submit reports
- The reporting process is complicated and not user friendly
- Other:

*** Which of the following best describes the type of cases you typically report (select one)**

- We report results for pediatric cases irrespective of age
- We only report results for pediatric cases up to a certain age

*** Which of the following best describes the type of cases you typically report (select one)**

- We report results of pediatric cases regardless of whether they were referred by the EHDI program
- We only report the results of pediatric cases that were referred by the EHDI program

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*** Which of the following best describes the type of cases you typically report (choose all that apply)**

- Transient conductive hearing loss
- Normal hearing findings
- Suspected normal hearing
- Confirmed permanent hearing loss
- Suspected hearing loss
- Incomplete test result
- Hearing screening results
- Hearing aid fitting and/or cochlear implantation

*** Do you send updates when there is a change in hearing (resolved, improved, worsened or change in the type of hearing loss)?**

- Yes
- No

*** If your facility provides audiologic service to an out-of-state child, do you typically report results to the other state's newborn hearing screening (EHDI) program?**

- Yes
- No

*** Do you know the risk factors for late-onset hearing loss in children described by the Joint Committee on Infant Hearing (JCIH)?**

- Yes
- No

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5. Audiologic Evaluation

Please identify all the services your facility provides to children from birth to age 5.

*** We provide Diagnostic Auditory Brainstem Response (ABR) evaluations:**

Yes No

Click:

Frequency specific tone burst/tone pip:

Bone conduction:

For the purpose of screening:

*** We provide Auditory Steady-State Response (ASSR):**

Yes No

42%

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5. Audiologic Evaluation

Please identify all the services your facility provides to children from birth to age 5.

*** Please indicate which of the following describe (or best describe) your Evoked Potential Patient Test conditions: (Select all that apply)**

Natural sleep

Monitored conscious sedation

General anesthesia in the O.R. or surgery recovery area

43%

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Please identify all the services your facility provides to children from birth to age 5.

* Immittance measures:

Yes No

Tympanometry with a 226 Hz probe tone

Tympanometry with a high frequency probe tone

Acoustic Reflex measurements

* Otoacoustic Emissions (OAE):

Yes No

Distortion Product OAE

Transient Evoked OAE

* Behavioral Audiologic Assessment:

Yes No

Visual Reinforcement Audiometry (soundfield non-ear specific)

Visual Reinforcement Audiometry (ear and frequency specific)

Conditioned play audiometry

Conventional audiometry

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6. Case Load

Your answer to the following questions will not impact your inclusion in the EHDI-PALS facility listing.

*** Please estimate how many diagnostic evaluations in each of the following age groups have been completed in your facility over the past year?**

0-30 days of age	<input type="text"/>
1-3 months of age	<input type="text"/>
4-24 months of age	<input type="text"/>
25-60 months of age	<input type="text"/>

*** Please estimate how many children were confirmed with permanent hearing loss at the following ages in the past year?**

0-30 days of age	<input type="text"/>
1-3 months of age	<input type="text"/>
4-24 months of age	<input type="text"/>
25-60 months of age	<input type="text"/>

49%

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7. Hearing Aids

*** Does your facility dispense hearing aids?**

Yes

No



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7. Hearing Aids

***Hearing aids are dispensed for what age groups? (Select all that apply)**

- Birth to 6 months
- >6 months to <3 years
- 3 years to 5 years
- Older than 5 years



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7. Hearing Aids

*** Does your facility typically perform individually measured real ear measurements (RECD) to verify hearing aid settings?**

Yes

No



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7. Hearing Aids

* For real-ear measures, do you (Select all that apply)

- Measure the individual ear?
- Use age-normed average coupler values?
- Use default values provided in manufacturer's software?
- None of the above

* For verification, do you use (Select all that apply)

- Manufacturer's proprietary fitting formula
- Evidence-based formulae (e.g., DSL, NAL)
- Other
- None of the above

Other (please describe):

* When are hearing aids verified? (Select all that apply)

- During first visit or at first fit
- During monitoring visits
- With all new earmold fittings
- When concerns arise
- None of the above

57%

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7. Hearing Aids

*** Does your facility typically perform aided speech perception testing in sound field or administer parent questionnaire to validate results?**

Yes

No



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Informatics support by the Center for Research and Evaluation/DEBBI

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9. Other Hearing Aid Services

*** Does your facility have access to loaner hearing aids?**

- Yes
- No

Does your facility work through charitable organizations to obtain funding for hearing aids?

- Yes
- No

Do you take ear impression to dispense earmolds for the following age groups?

	Yes	No
Birth to 3 years		
>3 to 5 years		

Are FM systems dispensed to infants and/or young children in the following age groups?

	Yes	No
Birth to 3 years		
>3 to 5 years		

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10. Cochlear Implant & Vestibular Services

Does your facility provide pediatric vestibular assessments?

Yes No

Rotary chair:

VEMP:

VNG:

Vestibular rehabilitation:

* Does your facility provide any of the following cochlear implant services?

Yes No

Candidacy evaluation:

Surgery:

Mapping:

Follow-up/monitoring:

Re/habilitation services:

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10. Cochlear Implant & Vestibular Services

Please estimate how many children in the 0-5 year age range with cochlear implants are currently managed in your facility.



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11. Telepractice Capability

Does your facility provide any audiology services via telepractice?

Yes

No



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11. Telepractice Capability

If yes, what type of service is available through telepractice? (Select all that apply)

- ABR testing
- OAE testing
- Immittance testing
- Behavioral testing
- Hearing aid programming
- Cochlear implant programming
- Intervention/therapy/rehabilitation



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12. Telepractice Interest

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Are you interested in providing services via telepractice?

Yes

No



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* Please indicate which of the following services are available through this facility either on site, in the same campus facility or in the same care system?

Yes No

Primary Care Provider:

Genetics:

Pediatric Ophthalmology:

Pediatric Neurology:

Developmental Pediatrician:

Endocrinologist:

Pediatric ENT/Otolaryngology:

Cleft Palate Team:

Cranio-Facial Team:

CI Candidacy Evaluation Team:

Speech Language Pathologists:

Early Intervention Specialist:

Social Work/Psychologists:

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Do you offer other languages such as:

Language

On-site translator

Interpreter available upon request

Written materials are available in this language

Telephone interpreter service

Spanish

Chinese (Mandarin)

Korean

Russian

Tagalog

Vietnamese

Other

Other (please list):

* Which of the following best describes American Sign Language (ASL) service availability at your facility:

Bilingual audiologist fluent in ASL on-site

On site ASL interpreter available

ASL interpreter available upon request

Cannot provide ASL interpreter service

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X. Hours and Scheduling

Your answer to the following questions will not impact your inclusion in the EHDI-PALS facility listing.

* Typical wait time for an appointment:

Infant diagnostic evaluation	<input type="text"/>
Behavioral testing	<input type="text"/>
Hearing aid evaluation	<input type="text"/>
Cochlear implant candidacy	<input type="text"/>

In addition to the first available appointment, the healthcare industry often likes to measure average wait time by looking at the third available appointment. How long is the typical wait time for patients to access the third available appointment?

Infant diagnostic evaluation	<input type="text"/>
Behavioral testing	<input type="text"/>
Hearing aid evaluation	<input type="text"/>
Cochlear implant candidacy	<input type="text"/>

Do you have weeknight and/or weekend hours?

- Yes
- No

86%

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X. Hours and Scheduling

Your answer to the following questions will not impact your inclusion in the EHDI-PALS facility listing.

Which evenings or weekend times do you provide the following services:

	Mon Night	Tue Night	Wed Night	Thurs Night	Fri Night	Sat	Sun
Infant diagnostic evaluation							
Behavioral testing							
Hearing aid evaluation							
Cochlear implant candidacy evaluation							



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* Please list the payment options available for each of the following services:

Medicaid	Health Insurance	Credit Cards	Payment Plans	Sliding Fee Scale	Title V	Part C
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Audiological assessment

Hearing aid assessment

Hearing aid fitting

Earmolds

CI surgery and candidacy evaluation

CI programming/reprogramming

Auditory training for CI recipients

* Is there an audiologist in your facility that is an approved provider for your state's birth to 3 intervention program?

Yes

No

* Is there an audiologist in your facility that is an approved provider for your state's Title V (Children with Special Health Care Needs) program?

Yes

No