

Section 1. EHDI-PALS Early Hearing Detection & Intervention Links to Services

This directory ONLY captures facilities where licensed audiologists are providing diagnostic assessment and/or device services (e.g. hearing aids, cochlear implants, baha, earmolds) to children age 0 to 5 years. Please check these boxes in order to indicate that your facility (2) includes licensed audiologists AND (b) provides diagnostic assessment or hearing aid services to children five years of age or younger.

Participation in the EHDI-PALS facility survey is voluntary. You can choose to stop at any time and return later to complete the survey. Should you wish to have your facility removed from the EHDI-PALS directory, simply email ehdi-pals@maine.edu with your name and contact information. A verification email will be sent to the point of contact for your facility prior to its removal.

Please note the starred (*) items require a response.

***Does this facility you are completing the survey for provide services to children under the age of 5?**

Yes <next question>

No <if no, display this message: "Thank you for your interest. This directory captures facilities where licensed audiologists are providing diagnostic assessment and hearing aid services to children age 0 to 5" and exit survey>

***In your facility, do the audiologists who provide services to children hold current and appropriate state licenses?**

Yes <next question>

No <if no, "Thank you for your interest. This directory captures facilities where licensed audiologists are providing diagnostic assessment and hearing aid services to children age 0 to 5">

Section 2- Your Contact Information

Your contact information is particularly important so we can send you updates about EHDI-PALS and renewal information for your facility's account. Please enter YOUR contact information.

*Your name:

Your position in the facility:

*Your e-mail address:

*Your phone number, including area code (xxx-xxx-xxxx): (for internal use only)

Section 3- Facility Information (information in this section will be displayed publicly)

Public reporting burden of this collection of information is estimated to average 9 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

**Please provide contact information for the location where pediatric audiology services are provided.
Please enter information for your facility.**

*Name of facility

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 (where client base is geographically restricted to school district)

Nonprofit center

Military

Indian Health Service clinic

State affiliated clinic/hospital

Other: <free-text field>

*Contact person for your facility <allow a check box 'same as above' if the person completing the survey is the same. This is the person at your facility who patients should contact. If there is not a specific person, please write "None"

Email address of the above contact person for your facility or an e-mail address for patient to schedule an appointment: <allow a check box 'same as above' if the person completing the survey is the same>

Facility's website address:

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

*Facility telephone (voice), including area code (xxx-xxx-xxxx):

Section 4- Reporting to other agency

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

***Does your facility perform diagnostic hearing test**

Yes

No <If clicked go to section 5>

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

My state/territory newborn hearing screening (EHDI) program yes, no

An Early Intervention program (Part C) yes, no

My local school district (Part B) yes, no

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

We report more than 2/3 of cases

We report less than 2/3 of cases

***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 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 <If yes go to next question>
 No <If no, go to section 5>

Section 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 using: (Select all that apply)**

Click	Yes	No
Frequency specific tone burst/tone pip	Yes	No
Bone conduction	Yes	No
Diagnostic equipment for the purpose of screening	Yes	No

We provide Auditory Steady-State Response (ASSR)

Yes
 No
 Service not provided

***Immittance measures:**

Tympanometry with a 226 Hz probe tone	Yes	No
Tympanometry with a high frequency probe tone	Yes	No
Acoustic Reflex measurements	Yes	No

***Otoacoustic Emissions (OAE):**

Distortion Product OAE	Yes	No
Transient Evoked OAE	Yes	No

***Behavioral Audiologic Assessment:**

Visual Reinforcement Audiometry (soundfield non ear specific)	Yes	No
Visual Reinforcement Audiometry (ear and frequency specific)	Yes	No
Conditioned play audiometry	Yes	No
Conventional audiometry	Yes	No

Section 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

1- 3 months of age

4-24 months of age

25 – 60 months of age

<Dropdown for each age range with following choices: Zero, 1-10, 11-25, 26- 50, More than 50>

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

0-30 days of age

1- 3 months of age

4-24 months of age

25 – 60 months of age

<Dropdown for each age range with following choices: Zero, 1-10, 11-25, 26- 50, More than 50>

Section 7- Hearing Aids

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

Yes

No

***Does your facility program or service hearing aid purchased elsewhere?**

Yes

No

(if no & no skip to section 9>

***Hearing aids are dispensed or serviced 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

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

Yes

No

***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 (please describe) <free text>
 None of the above

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

During first visit or at 1st fit
 During monitoring visits
 With new earmold fittings
 When concerns arise
 None of the above

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

Yes
 No

Please estimate how many children with hearing aids are being followed by your facility in the past year? Please also include cases where you are not the dispensing audiologist.

Birth to 6 months
 >6 months to <3 years
 3 years to 5 years
 <Dropdown for each age range with following choices: Zero, 1-10, 11-25, 26- 50, More than 50>

Please estimate how many children were dispensed with hearing aids in your facility over the past year?

Birth to 6 months
 >6 months to <3 years
 3 years to 5 years
 <Dropdown for each age range with following choices: Zero, 1-10, 11-25, 26- 50, More than 50>

Section 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 earmold 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		

Section 10- Cochlear Implant & Vestibular Services

Does your facility provide pediatric vestibular assessments?

Rotary Chair	Yes	No
VEMP	Yes	No
VNG	Yes	No
Vestibular rehabilitation	Yes	No

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

Candidacy evaluation	Yes	No
Surgery	Yes	No
Initial Mapping	Yes	No
Subsequent Mapping or Follow-up/monitoring	Yes	No
Re/habilitation services	Yes	No

***Does your facility include other providers (such as speech language pathologists, social worker or psychologist etc.) during the pre-implant evaluation?**

Yes
No

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

Zero
1-10
11-25
26- 50
51-99
More than 100

Section 11- Telepractice Capability

Does your facility provide any services via telepractice?

Yes
No <if clicked proceed to next section: 12>

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

***Please indicate which of the following services are available through this facility either onsite, in the same campus facility or in the same care system? (Change No to Yes as applicable)**

	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		
Occupational Therapists		
Physical Therapists		
Family to Family Support		

Do you offer other languages such as:

	On-site translator	Interpreter available upon advance request	Written materials are available in this language	Telephone interpreter service
Spanish				
Chinese (Mandarin)				
Korean				
Russian				
Tagalog				
Vietnamese				
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

Is your facility wheelchair accessible?

CI programming / re-programming								
Auditory training for CI recipients								

Note: "Health insurance" includes Blue Cross, Kaiser Permanente. "Other" includes Indian Health Services, free, state funding etc.

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

Yes

No or not applicable

***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 or not applicable

Following message will be displayed after the last question has been answered:

Thank you for completing your EHDI-PALS profile.

I hereby confirm that the information provided is verifiable and accurate to the best of my knowledge. I understand that this information will be made public on the EHDI-PALS website. The target audience will include consumers/families, healthcare providers, and Early Hearing Detection and Intervention program stakeholders. Click the following to confirm your profile:

Button:

I affirm the accuracy of the current information provided.

You can log back into your account and update your facility profile at any time. In addition, we will send you an annual e-mail reminder to review and then re-confirm or update your information. It will therefore be important to keep the contact e-mail in your profile up-to-date.