

Attachment 4 – Revised Survey

Note: the 2 new questions we propose to add that query how a facility set up service by telepractice technology are highlighted in blue on page 20 and 21

Welcome to EHDI-PALS!

- ▼ Home
- Find Audiology Facilities
- Parent Resources
- Professional Resources
- Other Helpful Websites
- Providers Enter Here
- EHDI-PALS Program Log-in
- EHDI-PALS Advisory Group
- [Contact us](#)

Form Approved
OMB No. 0920-0955
Exp. Date: xx/xx/xxxx

! 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 (a) 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, your facility name, and contact information. A verification email will be sent to the point of contact for your facility prior to its removal.

Please note that starred ("*") items require a response.

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

Yes
 No

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

Yes
 No

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 (0920-0955)

EHDI-PALS Facility Survey

2. Your Contact Information

Your contact information is particularly important so that 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:(For Internal Use Only)

* Your phone number, including area code (xxx-xxx-xxxx):(For Internal Use Only)

Ext.

3. Facility Information (Information in this section will be Displayed Publicly)

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 clinic (where client base is geographically restricted to school district)
- Nonprofit center
- Military
- Indian Health Service clinic
- State affiliated clinic/hospital
- Other

abc

* Contact person for your facility. This is the person at your facility who patients should contact. If there is not a specific person, please write "None".

- Same as above

Email address of the above contact person for your facility or an e-mail address for patient to schedule an appointment:

- Same as above

Facility's website address:

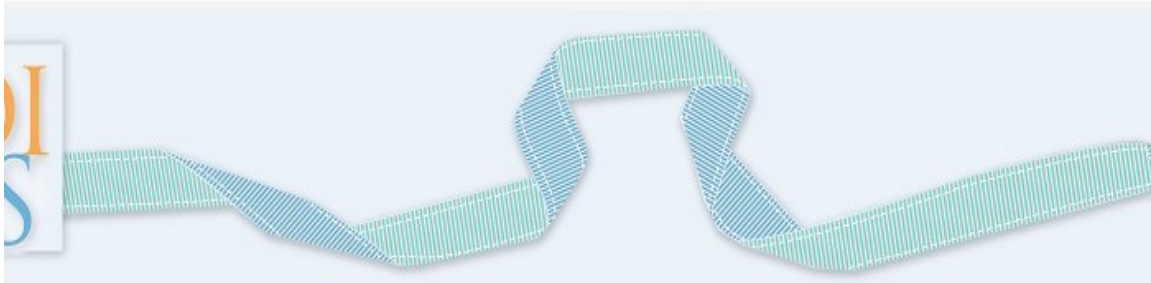
www.asha.org

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

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

2111111111

Ext. 12341



EHDI-PALS Facility Survey

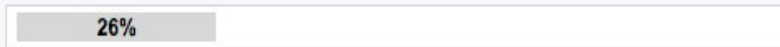
4. Reporting to other agency

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

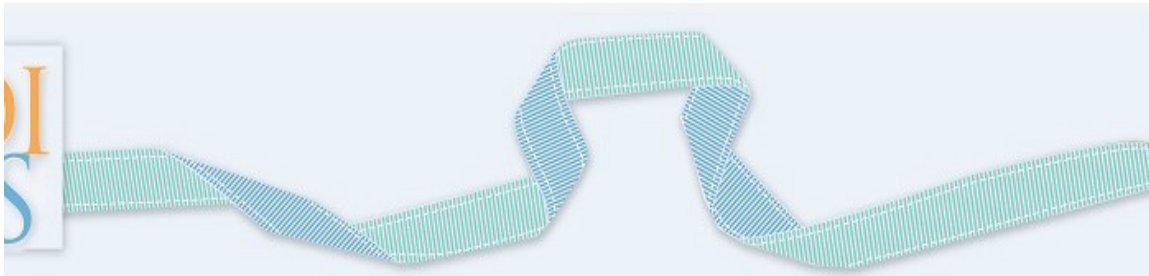
*** Does your facility perform diagnostic hearing tests**

Yes

No



Next



EHDI-PALS Facility Survey

4. Reporting to other agency

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

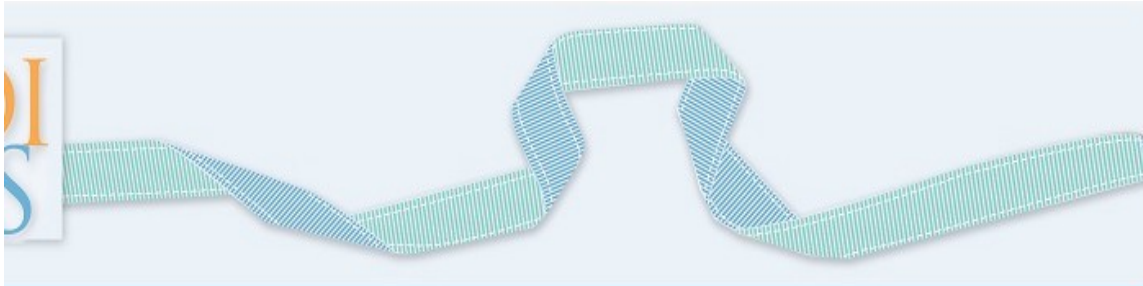
*** Does your facility perform diagnostic hearing tests**

Yes

No

26%

Next




EHDI-PALS Facility Survey

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>
An Early Intervention program (Part C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
My local school district (Part B)	<input checked="" type="checkbox"/>	<input type="checkbox"/>



26%

EHDI-PALS Facility Survey

4. Reporting to other agency

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

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

- We report more than 2/3 of cases
- We report less than 2/3 of cases



28%

Next

4. Reporting to other agency

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

* 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 services to an out-of-state child, do you typically report results to the other state's newborn hearing screening (EHDl) 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

34%

Next

EHDI-PALS Facility Survey

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 reply)**

	Yes	No
Click:	<input type="radio"/>	<input checked="" type="radio"/>
Frequency specific tone burst/tone pip:	<input type="radio"/>	<input checked="" type="radio"/>
Bone conduction:	<input type="radio"/>	<input checked="" type="radio"/>
Diagnostic equipment for the purpose of screening too:	<input type="radio"/>	<input checked="" type="radio"/>

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

	Yes	No
	<input type="radio"/>	<input checked="" type="radio"/>

42%

Next

5. Audiologic Evaluation

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	<input type="radio"/>	<input checked="" type="radio"/>
Tympanometry with a high frequency probe tone	<input type="radio"/>	<input checked="" type="radio"/>
Acoustic Reflex measurements	<input type="radio"/>	<input checked="" type="radio"/>

* Otoacoustic Emissions (OAE):

	Yes	No
Distortion Product OAE	<input type="radio"/>	<input checked="" type="radio"/>
Transient Evoked OAE	<input type="radio"/>	<input checked="" type="radio"/>

* Behavioral Audiologic Assessment:

	Yes	No
Visual Reinforcement Audiometry (soundfield non-ear specific)	<input type="radio"/>	<input checked="" type="radio"/>
Visual Reinforcement Audiometry (ear and frequency specific)	<input type="radio"/>	<input checked="" type="radio"/>
Conditioned play audiometry	<input type="radio"/>	<input checked="" type="radio"/>
Conventional audiometry	<input type="radio"/>	<input checked="" type="radio"/>

45%

Next

EHDI-PALS Facility Survey

6. Case Load

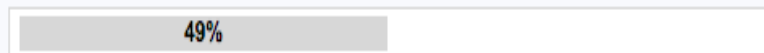
Your answer to the following questions will not impact your inclusion in the EHDI-PALS facility listing.

* 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	26-50 ▾
1-3 months of age	11-25 ▾
4-24 months of age	1-10 ▾
25-60 months of age	Zero ▾

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

0-30 days of age	1-10 ▾
1-3 months of age	1-10 ▾
4-24 months of age	11-25 ▾
25-60 months of age	More than 50 ▾



Next

EHDI-PALS Facility Survey

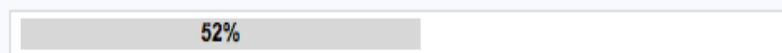
7. Hearing Aids

* Does your facility dispense hearing aids?

- Yes
 No

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

- Yes
 No



Next

EHDI-PALS Facility Survey

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

54%

Next

EHDI-PALS Facility Survey

7. Hearing Aids

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

- Yes
- No

55%

Next

EHDI-PALS Facility Survey

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 new earmold fittings
- When concerns arise
- None of the above

57%

Next

EHDI-PALS Facility Survey

7. Hearing Aids

* Does your facility typically perform aided speech perception testing in sound field 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	Zero
>6 months to <3 years	More than 50
3 years to 5 years	26-50

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

Birth to 6 months	1-10
>6 months to <3 years	11-25
3 years to 5 years	11-25

62%

Next

EHDI-PALS Facility Survey

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?

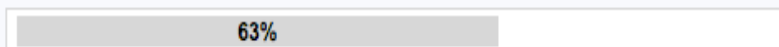
- Yes
- No

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

	Yes	No
Birth to 3 years	<input checked="" type="radio"/>	<input type="radio"/>
>3 to 5 years	<input checked="" type="radio"/>	<input type="radio"/>

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

	Yes	No
Birth to 3 years	<input checked="" type="radio"/>	<input type="radio"/>
>3 to 5 years	<input checked="" type="radio"/>	<input type="radio"/>



Next

EHDI-PALS Facility Survey

10. Cochlear Implant & Vestibular Services

Does your facility provide pediatric vestibular assessments?

	Yes	No
Rotary chair:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VEMP:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VNG:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vestibular rehabilitation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
Candidacy evaluation:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Surgery:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mapping:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subsequent Mapping or Follow-up/monitoring:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Re/habilitation services:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

69%

Next

EHDI-PALS Facility Survey

10. Cochlear Implant & Vestibular Services

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

Yes

No

72%

Next

EHDI-PALS Facility Survey

10. Cochlear Implant & Vestibular Services

Please estimate how many cochlear implant recipients in the 0 to 5 years age range with cochlear implants are currently managed in your facility.

1-10 ▾

72%

Next

EHDI-PALS Facility Survey

11. Telepractice Capability

Does your facility provide any audiology services via telepractice?

- Yes
 No

74%

Next

EHDI-PALS Facility Survey

11. Telepractice Capability

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

75%

Next

EHDI-PALS Facility Survey

11. Telepractice Capability

***Please check all the telepractice set up for testing and device programming currently in your facility: (select all that apply)**

- I am the host site (Where the specialist is located)**
- I am the spoke site (Where the patient is located and sees specialist via internet connection)**

My host or spoke site partners are: (please enter the facility name)

77%

Next

EHDI-PALS Facility Survey

11. Telepractice Capability

***Please check mark the telepractice set up for intervention/ therapy/ rehabilitation service currently in your facility: (select all that apply)**

- I am the host site (Where the specialist is located)**
- I am the spoke site (Where the patient is located and sees specialist via internet connection)**
- Spoke site has the requisite therapy materials. Patient comes to the spoke site and host remote in to provide the service**
- Spoke site personnel trained to do the therapy. Patient comes to the spoke site while host remote in to collaborate and supervise**
- Materials are sent to patient ahead of time and host remote in to patient's home to provide the therapy**

My host or spoke site partners are: (please enter the facility name)

77%

Next

EHDI-PALS Facility Survey

11. Telepractice Capability

* Please check all the telepractice set up for testing and device programming currently in your facility: (select all that apply)

- I am the host site (Where the specialist is located)
- I am the spoke site (Where the patient is located and sees specialist via internet connection)

My host or spoke site partners are: (please enter the facility name)

77%

Next

EHDI-PALS Facility Survey

11. Telepractice Capability

* Please check mark the telepractice set up for intervention/ therapy/ rehabilitation service currently in your facility: (select all that apply)

- I am the host site (Where the specialist is located)
- I am the spoke site (Where the patient is located and sees specialist via internet connection)
- Spoke site has the requisite therapy materials. Patient comes to the spoke site and host remote in to provide the service
- Spoke site personnel trained to do the therapy. Patient comes to the spoke site while host remote in to collaborate and supervise
- Materials are sent to patient ahead of time and host remote in to patient's home to provide the therapy

My host or spoke site partners are: (please enter the facility name)

77%

Next

* 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? (Change 'No' to 'Yes' as applicable)

	Yes	No
Primary Care Provider:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Genetics:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pediatric Ophthalmology:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pediatric Neurology:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Developmental Pediatrician:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Endocrinologist:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pediatric ENT/Otolaryngology:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleft Palate Team:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cranio-Facial Team:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CI Candidacy Evaluation Team:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Speech Language Pathologists:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention Specialist:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Work/Psychologists:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Occupational Therapists:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical Therapists:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family to Family Support:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. Accessibility Accommodations

Do you offer other languages such as:

Language	On-site translator	Interpreter available upon advance request	Written materials are available in this language	Telephone interpreter service
Spanish	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chinese (Mandarin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):	<input type="text"/>			

* 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?

- Yes
 No

EHDI-PALS Facility Survey

15. 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:

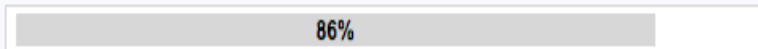
Infant diagnostic evaluation	1-2 weeks
Behavioral testing	3-4 weeks
Hearing aid evaluation	1-2 weeks
Cochlear implant candidacy	5-8 weeks

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	5-8 weeks
Behavioral testing	5-8 weeks
Hearing aid evaluation	5-8 weeks
Cochlear implant candidacy	5-8 weeks

Do you have weeknight and/or weekend hours?

- Yes
- No



Next

EHDI-PALS Facility Survey

X. Hours and Scheduling

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

Please indicate for the following services:

	Mon Night	Tue Night	Wed Night	Thurs Night	Fri Night	Sat	Sun
Infant diagnostic evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aid evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cochlear implant candidacy evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

91%

Next

16. Insurance

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

	Medicaid	Health Insurance ?	Credit Cards	Payment Plans	Sliding Fee Scale	Other?	Part C	Tricare
Audiological assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aid assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hearing aid fitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earmolds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CI surgery and candidacy evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CI programming/reprogramming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Auditory training for CI recipients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: "Health Insurance" includes Blue cross, Kaiser Permanente. "Other" includes Indian health service, 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

EHDI-PALS Facility Survey

End of Survey

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:

I confirm the accuracy of the 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.

100%

[View Summary](#)