Utah Department of Health and the Newborn Hearing Screening Committee
AUDIOLOGIST QUESTIONNAIRE

1. Please check each of the following that are applicable for you.
   ___ A. I currently provide diagnostic hearing evaluations for infants 0-6 months of age, including otoacoustic emissions (OAE) and auditory brainstem response (ABR) testing. I would like my name included on a referral list for parents whose infants need diagnostic hearing evaluations.
   ___ B. I currently provide diagnostic hearing evaluations for infants 6-30 months of age, including OAE, ABR, and soundfield visual reinforcement audiometry. I would like my name included on a referral list for parents whose children need diagnostic hearing evaluations.
   ___ C. I currently provide hearing aid evaluations and fittings for infants. I would like my name included on a referral list for parents whose children need hearing aids.
   ___ D. I am interested in providing infant hearing diagnostic evaluations in the future, and would like information on how I can obtain the necessary skills and/or equipment.
   ___ E. I am interested in providing hearing aids for infants in the future, and would like information on how I can obtain the necessary skills and/or equipment.
   ___ F. I am not interested in providing infant hearing diagnostic evaluations or hearing aids at this time, and do not wish to be included on a parent referral list.

2. If you are interested in being included on a parent referral list, please check the following tests/services you provide for infants.
   ___ Click evoked ABR ___ Distortion product otoacoustic emissions
   ___ Tone pip evoked ABR ___ Visual reinforcement audiometry
   ___ Bone conduction ABR ___ Play audiometry
   ___ Click evoked otoacoustic emissions ___ Real ear measurements
   ___ Facilities to sedate infants when necessary ___ Tympanometry

3. Comments: ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

Signature ___________________________________ Date _______________________________
Print Name __________________________________ Agency _____________________________
Business Address ______________________________________ Business Phone ________________