

Audiologist Survey

Instructions: Successful diagnostic audiological evaluations of infants and toddlers requires special equipment, experience, and interest. The purpose of this questionnaire is to help you determine whether you would like to have your name on a list of audiologists which will be given to parents of babies who do not pass a newborn hearing screening procedure. Please answer the questions as completely and honestly as possible. Thank you for your help.

1. Equipment and Experience:

- a) A complete diagnostic audiological evaluation of infants and toddlers requires a variety of specialized equipment to do diagnostic audiological evaluations. For each type of equipment listed below, indicate whether you have it, and then for babies in each of the two age categories, indicate how many times in the past two years you have used each type of equipment:

Have Equipment (Yes, No)	How Frequently Done for Babies		
	0-6 months	7-12 months	
			Auditory Brainstem Response (ABR) Equipment Click stimulus
			ABR Tone pip stimulus
			ABR Bone conduction
			High Frequency Tympanometry
			Click Evoked Otoacoustic Emissions
			Distortion Product Otoacoustic Emissions
			Visual Reinforcement Audiometry
			Behavioral Observation Audiometry

- b) Do you have facilities to sedate infants when necessary for ABR?

Yes

No

2. Interest

- a) Are you interested in having babies who do not pass the newborn hearing screening referred to you for diagnostic audiological evaluations?

Yes

No (go to the end of the questionnaire)

- b) Approximately how many such babies could you accommodate during a 12-month period? _____

- c) Are you a Medicaid Provider?

Yes

No

- d) Please indicate the address and phone number to where you would like patients referred:

Name: _____

Address: _____

Phone: _____

Thank you for your help. Please return in the postage-paid envelope as soon as possible.