



Az Early Hearing Detection and Intervention

Enclosed is a copy of the "2001 Medical Guide to Early Hearing Detection and Intervention" produced by The EAR Foundation of Arizona. This guide was recently distributed to approximately 6,000 medical professionals in Arizona. The contact information included in the guide was collected from a survey of all licensed audiologists. The survey was mailed and faxed (to those for whom we had fax numbers) and a follow-up phone call was made to all audiologists who did not return the survey.

We are aware that we missed some providers and that some information changed after the survey was distributed. We would like to ensure that the online version of the guide is as accurate as possible and that we have current information for the next printing. This survey is a collaborative project between the EAR Foundation of Arizona and the Arizona Department of Health Services, Early Hearing Detection and Intervention Project. Please complete one survey per facility **and** return your completed survey *no later than September 15, 2001*. Contact Lyli Olsen at lylisolsen@msn.com or 602-690-3975 if you have any questions.

We sincerely appreciate your assistance. Thank you!

Person Completing the Survey: _____

Name of Facility: _____

Interpreting Services available

_____ Spanish _____ Other language: _____

_____ American Sign Language _____ Other sign: _____

Names and e-mail addresses of Audiologists Employed:

Phone number for appointments (include area code): _____

Fax number (include area code): _____

Mailing Address: _____

Location address if different from Mailing Address:

What Services do you provide?

Do you provide educational audiology services in a school setting? Yes No

Do you contract to provide educational audiology services from your clinic site? Yes No

Check off each service that your clinic is equipped to routinely provide:

ABR Frequency Specific
 Bone Conduction
 Clicks
 Screening only
 Monitored Sedation (what sedation do you use _____)

OAE Distortion Product Otoacoustic Emissions
 Transient Otoacoustic Emission
 Screening OAEs only

Behavioral Audiometry

Insert Earphones
 Soundfield capability (approximate size of largest sound booth _____)
 Visual Reinforcement Audiometry
 Evaluation for Central Auditory Processing Disorders

Immittance Screening tympanometry only
 High frequency tympanometry
 Diagnostic tympanometry and acoustic reflexes

Hearing Aids Assistive listening devices
 Real ear equipment used
What fitting strategies do you use? NAL DSL Other: _____
Programmable (List brands you have the equipment and expertise to program)

Who do you serve?

Approximately what percentage of the clinic's caseload falls in each of the following categories?

_____ Adults (ages 19 and older)
_____ Infants (0-3 months)
_____ 3-6 months
_____ 6-12 months
_____ 12-36 months
_____ Children 3-18 years of age

Approximately how many children did you identify with a hearing loss last year? _____

Approximately how many children under the age of three years did you fit with hearing aids last year? _____

Resources in your community

Where do you refer children or families for:

Counseling_____

Early Intervention Services_____

Speech Language Pathology_____

ABR_____

Infant Hearing aid fitting_____

Sign Language classes_____

Oral programs_____

Parent to Parent support groups_____

Specialty medical evaluations_____

In what areas would you like to see advanced training offered:_____

What concerns do you have about the Early Hearing Detection and Intervention systems in Arizona?

If you would like to be listed in the online version and in the next printing of the guide, please indicate all of the following areas below.

Pediatric Provider (newborns and infants)

- _____ Frequency Specific ABR
- _____ Frequency Specific ABR with sedation
- _____ Hearing aid fitting for infants (must have VRA, insert earphones and real ear capability as well as experience in fitting very young children)
- _____ Full Diagnostic Center for infants
(must have diagnostic immittance equipment, VRA, OAE, insert earphones)
- _____ Cochlear Implantation (affiliated physician:_____)
- _____ Resource to provide consultation for newborn hearing screening and developmental clinic screening programs.

Pediatric Provider (over age three)

- _____ Hearing Evaluation
- _____ Hearing Aid Fitting

Older children and Adults only

- _____ Hearing Evaluation
- _____ Hearing Aid Fitting

Thank you for taking the time to complete this survey. We truly appreciate your assistance.

Mail survey to: PO Box 11359
Glendale, AZ 85318