



Outcomes of Children with Hearing Loss  
a study of children ages birth to six

## OUTCOMES FOR CHILDREN WITH HEARING LOSS LONGITUDINAL STUDY

### ~ AUDIOLOGY SERVICE PROVIDER SURVEY ~

Questions? Contact Marlea O'Brien at 1-800-551-5601



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## SERVICES & PROVIDER SURVEY (SPS)

I choose to:  Complete the survey  Not complete the survey

Data Entry Code \_\_\_\_\_

Today's Date: \_\_ / \_\_ / \_\_\_\_

### Contact Information

Name of professional completing form: \_\_\_\_\_

Institution/Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

### Patient Details

1. Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

2. How long have you worked with this child? \_\_\_\_\_ years \_\_\_\_\_ months

3. Did the child receive a newborn hearing screening?  Yes  No  Don't Know  Prefer Not to Answer

If yes, please indicate the results of the screening if known.

	Right Ear		Left Ear		Not Sure	Prefer Not to Answer
AABR	<input type="checkbox"/> Pass	<input type="checkbox"/> Refer	<input type="checkbox"/> Pass	<input type="checkbox"/> Refer	<input type="checkbox"/>	<input type="checkbox"/>
OAE	<input type="checkbox"/> Pass	<input type="checkbox"/> Refer	<input type="checkbox"/> Pass	<input type="checkbox"/> Refer	<input type="checkbox"/>	<input type="checkbox"/>

4. When was hearing loss confirmed?: \_\_\_\_\_ years \_\_\_\_\_ months

5. Was this child identified at your facility?  Yes  No  Don't Know  Prefer Not to Answer

6. Etiology of hearing loss: \_\_\_\_\_

7. Has this child's hearing loss been stable? (Stable hearing loss has not fluctuated more than 10 dB HL for 500 – 4000 Hz in either ear.)  Yes  No  Don't Know  Prefer Not to Answer

8. How often do you currently see this child in a year: \_\_\_\_\_

9. Date of last appointment with child: \_\_ / \_\_ / \_\_\_\_

10. The last behavioral test obtained with this child was completed using (choose one):

- Conventional Audiometry
- Play Audiometry
- Combined Play/VRA
- Visual Reinforcement Audiometry
- Behavioral Observation Audiometry
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

11. Which family members most often attend appointments? (can choose more than one)

- Mother
- Father
- Siblings
- Grandmother
- Grandfather
- Other relative or non-relative, please specify: \_\_\_\_\_
- Prefer not to answer

12. Rate the level of difficulty experienced when attempting behavioral testing with this child (choose one):

- Child conditions quickly and is cooperative; very easy to test
- Child conditions to the task, but requires periodic redirection; easy to test
- Child does not easily condition to the task and requires constant redirection; difficult to test
- Child does not condition to the task and results are often of fair to poor reliability; very difficult to test
- Prefer not to answer

13. Which statement best describes the overall reliability of the testing you've done with this child (choose one)?

- Good
- Fair
- Poor
- Prefer not to answer

14. Does this child use FM at school?  Yes  No  Don't Know  Prefer Not to Answer

a. If yes, what type of FM do they use?

- Soundfield
- Desktop
- Personal FM
- Other (please specify) \_\_\_\_\_
- Prefer not to answer

b. Does the child own the FM system or does the school provide it?

- Personally owned
- School owned
- Cost is shared between family and school
- Don't Know
- Prefer not to answer

15. In addition to the audiology services you provide, are you aware of other audiologists who also provide services to this child (e.g. Educational Audiologist)?  Yes  No  Don't Know  Prefer Not to Answer

a. If yes, in what setting are these services provided?

- School
- Private Practice
- Audiologist in an ENT Practice
- Other (please specify) \_\_\_\_\_
- Prefer not to answer

b. What services does this person provide? (Choose all that apply.)

- Periodic evaluation and monitoring of hearing
- Earmold fabrication/Earmold dispensing
- Hearing aid troubleshooting
- Assistance with hearing aid repair
- Monitoring hearing aid function
- FM dispensing for school use
- FM troubleshooting
- Assistance with FM repair
- Prefer not to answer

## Amplification Details

*If this child is not fit with amplification, skip to the next section.*

1. At what age was the child initially fit with amplification? \_\_\_\_\_ years \_\_\_\_\_ months  
Comments: \_\_\_\_\_

2. Did more than one month pass between confirmation of hearing loss and hearing aid fitting?  
 Yes  
 No  
 Don't know

If yes, how long was the time between confirmation of hearing loss and hearing aid fitting?

\_\_\_\_\_ years      \_\_\_\_\_ months      \_\_\_\_ Don't know

3. If more than one month passed between confirmation of hearing loss and fitting of hearing aids, please indicate the primary reason for the delay:

- Delay in obtaining appointment for medical clearance for hearing aids
- Delay in obtaining approval for insurance or other 3<sup>rd</sup> party funding for hearing aids
- Hearing aids were not initially recommended

Reason \_\_\_\_\_

- Difficulty obtaining clinic appointment for hearing aid fitting
- Family decided not to proceed with hearing aid fitting right away

Reason \_\_\_\_\_

- Child had other medical conditions that prevented follow up for hearing aid fitting
- Child had recurrent ear infections or other middle ear problems
- Family was lost to follow up for a period of time
- Other (please specify) \_\_\_\_\_

4. Describe this child's current hearing aid characteristics:

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Style:  regular BTE       open fit BTE       custom       Prefer not to answer

Fit:  monaural       binaural       Prefer not to answer

a. Are these hearing aids programmed to use a frequency lowering strategy?

- Yes
- No
- Don't Know
- Prefer not to answer

b. If yes, please indicate which type of strategy is used:

- Frequency compression
- Frequency transposition
- Other (please specify) \_\_\_\_\_
- Prefer not to answer

c. Date devices were fit: \_\_ / \_\_ / \_\_\_\_ Comments: \_\_\_\_\_

5. Indicate the fitting method you used to set hearing aid gain for this child (choose one):

- NAL-NLI
- DSL
- Other (please specify) \_\_\_\_\_
- Prefer not to answer

6. Indicate the method you used most recently to verify hearing aid gain specifications across frequencies for this child (choose one):

- Behavioral Measure (aided soundfield thresholds)
- Real Ear Measures
- 2cc Coupler Measure with measured RECD
- 2cc Coupler Measure with average RECD
- I use manufacturer's suggested levels without verification
- Other (please specify): \_\_\_\_\_
- Prefer not to answer

7. From your perspective, which of the following statements best describes this child's use of hearing aids (choose one)?

- Child uses hearing aids all waking hours
- Child uses hearing aids at school only
- Child uses hearing aids seldomly
- Child probably isn't using hearing aids
- I cannot tell
- Prefer not to answer

8. From your perspective, which of the following statements best describes the family's current level of comfort in handling the child's hearing aids (choose one)?

- Family is completely confident and comfortable in operating and troubleshooting the hearing aids.
- Family is somewhat confident and comfortable in operating and troubleshooting the hearing aids.
- Family is beginning to be confident and comfortable in operating and troubleshooting the hearing aids.
- Family is not confident and comfortable in operating and troubleshooting the hearing aids.
- Prefer not to answer

9. Does this child have a personal FM system for use outside of school?

- Yes
- No
- Don't know
- Prefer not to answer

a. If yes, from your perspective, which of the following statements best describes your child's FM use outside of school (choose one)?

- Family regularly uses FM in a variety of situations
- Family has FM and frequently uses it
- Family has FM and occasionally uses it
- Family has FM but rarely uses it
- Prefer not to answer

b. From your perspective, which of the following statements best describes the family's current level of comfort in handling the child's FM system (choose one)?

- Family is completely confident and comfortable in operating and troubleshooting the FM.
- Family is somewhat confident and comfortable in operating and troubleshooting the FM.
- Family is beginning to be confident and comfortable in operating and troubleshooting the FM.
- Family is not confident and comfortable in operating and troubleshooting the FM.
- Prefer not to answer

## Background Information

1. Title: \_\_\_\_\_  
(example: Pediatric Audiologist, Hearing Instrument Specialist, Hearing Aid Dealer, etc.)

2. Education:

- High School
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- AuD
- PhD
- Other (please specify) \_\_\_\_\_
- Prefer not to answer

3. Professional Certifications (choose all that apply):

- State audiology license
- State HA dealer's license
- HA apprentice license
- CCC-A
- ABA
- Other: \_\_\_\_\_
- Prefer not to answer

4. Professional Experience: \_\_\_\_\_ years      \_\_\_\_\_ months

5. Estimate the number of children you see per month in the following age groups:

Birth to 3 years \_\_\_\_\_

4 to 6 years \_\_\_\_\_

7 or older \_\_\_\_\_

## Clinic Demographic Information

1. Describe your primary work location:

- Private practice
- Hospital
- University
- School system
- Prefer not to answer

2. Number of soundbooths at your location: \_\_\_\_\_

3. Number of dispensing professionals at your location who are licensed/certified to dispense hearing aids and are currently doing so: \_\_\_\_\_

4. Estimate the total number of patients in your caseload: \_\_\_\_\_

5. Estimate the number of children on your caseload that are:

Birth to 3 years \_\_\_\_\_

4 to 6 years \_\_\_\_\_

7 or older \_\_\_\_\_

6. What type of amplification devices do you fit for the following age groups? (check any that apply)

	Birth to 3 years	4 to 6 years	7 or older	Prefer not to answer
Behind the ear hearing aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Custom hearing aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone conduction hearing aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FM systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Indicate the fitting method you most often use to set hearing aid gain across frequencies for the following age groups:

	Birth to 3 years	4 to 6 years	7 or older	Prefer not to answer
NAL - NLI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DSL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Indicate the method you most often use to verify hearing aid gain specifications across frequencies for the following age groups:

	Birth to 3 years	4 to 6 years	7 or older	Other	Prefer not to answer
Aided frequency-specific soundfield thresholds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probe Mic Measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2cc Coupler Measure with measured RECD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2cc Coupler Measure with average RECD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use manufacturer's suggested levels without verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please specify the make and model of any probe mic equipment you use: \_\_\_\_\_

10. Please indicate your level of comfort with the following procedures in the pediatric population:

	Very comfortable	Somewhat comfortable	Not comfortable	Don't perform this procedure	Prefer not to answer
Visual Reinforcement Audiometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conditioned Play Audiometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OAE's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acoustic Immittance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automated ABR (screening)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic ABR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aid selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aid fitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earmold impressions & fitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aid verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FM dispensing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment troubleshooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. For the following procedures, please indicate whether they are available in your facility or if you refer patients to other facilities:

	Available on Site	Requires Outside Provider	Prefer not to answer
Automated ABR (screening)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sedated ABR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural sleep ABR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OR ABR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI/CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tube placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What issues do you consider most challenging in working with children with hearing loss and their families?

Thank you for completing our survey! Please select your gift card from the options below:

- \$15 Starbucks Gift Card
- \$15 Barnes & Noble Gift Card
- \$15 Target Gift Card
- Decline gift card