

**New Mexico Pediatric Audiology
Services Survey
Fall, 2013**

Purpose: *The New Mexico Audiology Committee, a subgroup of the New Mexico Early Hearing Detection and Intervention Advisory Council, is interested in gathering current data in order to update the resource list of professionals who provide newborn and pediatric audiology services in our state.*

Questions/Comments? *Please contact Sheree Hall, AuD, CCC-A, Chair of the NM Audiology Committee, at 505-980-1208 or sheree.hall@nmsd.k12.nm.us*

Name/Title of Person Completing Form:

Name/Title of Clinic or Office:

Address: _____

Phone Number(s): _____

Fax: _____

e-mail/website: _____

Person(s) who provide Pediatric Audiology Services at this site:

- ***Please feel free to add comments or additional information.***
- ***Please be as detailed as possible.***
- ***Results will be compiled and pertinent referral information will be shared with audiologists, Early Intervention Agencies and Health Care Providers around the state.***
- ***THANK YOU for participating in this survey.***

Questions

1. Are you providing hearing **screening** for newborns?

- Yes
 No

2. If so, what type of screening equipment do you use? i.e., AABR and/or OAE?

3. Are you providing any **diagnostic** testing for newborns/young infants?

- Yes
 No

4. If **NO**, to whom do you refer for testing?

5. If you do perform pediatric electrophysiological diagnostic testing, what equipment are you using for diagnosis? (e.g., Biologic, Audera, Vivosonic, etc.)

6. What tests are included in your test battery?

Behavioral

BOA

VRA

CPA

Other _____

ABR

Click

Cochlear Microphonic

Tone Burst

Bone Conduction

ASSR

OAE (screening _____ and/or diagnostic _____)

TEOAE

DPOAE

Immittance Measures

Tympanometry

1000Hz tone

226Hz tone

Acoustic Reflexes

OTHER _____

7. Are you providing sedated testing?

Yes

No

If **YES**, where is the sedation and testing performed? (e.g., in your office, in the hospital, etc.)

If **YES**, what kind(s) of sedation do you use? (e.g., chloral hydrate vs. anesthesia)

8. If sedation/anesthesia is utilized, what protocols are used and what tests are performed?

9. Do your tests or protocols vary depending upon the type of sedation or anesthesia utilized?

10. How much time do you typically schedule for a sedated procedure?

11. Do you dispense hearing aids?

Yes

No

If **YES**, please mark the population(s) for whom you dispense hearing aids:

Newborns/infants

Toddlers

Children

Adults

12. If you do **NOT** dispense hearing aids to newborns/infants and/or toddlers, to whom do you typically refer?

13. Do you refer to Early Intervention Programs?

Yes

No

If **yes**, to whom?

Please mail or fax your survey to:

**Newborn Hearing Screening Program
Department of Health
Children's Medical Services
1190 South St. Francis Drive**

Santa Fe, NM 87505

Fax # 505-827-5995 or 505-476-8896

Tammy.voisine@state.nm.us