

EHDDI Post Visit Survey

Hospital Name: _____

1. Are achieving annual competencies currently required for your hearing screeners?
 Yes No

2. *If you answered yes on # 1*, do you use the National Center for Hearing Assessment and Management (NCHAM) Hearing Screening Training Curriculum for your annual competencies?
 Yes No, we use: _____

3. *If you answered no on # 1*, do you have plans to implement the use of annual competencies within the next year?
 Yes No

4. Are hearing screeners using the NCHAM scripts provided in the Newborn Hearing Screening Manual?
 Yes No No, we use our own scripts.

5. Please check how hearing screen results are provided to parents (*check all that apply*):

| Pass Results Given: | Refer Results Given: |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Verbally | <input type="checkbox"/> Verbally |
| <input type="checkbox"/> In writing | <input type="checkbox"/> In writing |
| <input type="checkbox"/> Neither | <input type="checkbox"/> Neither |

6. List any major changes that have occurred in your Newborn Hearing Screening program over the past year, such as a new manager, new equipment, or protocol changes.

7. How helpful did you find the previous site visit? *Please circle one.*

Not Helpful

Somewhat Helpful

Helpful

Very Helpful

Unsure

Not applicable

8. How can we make the site visit more helpful for your program?

9. EHDDI plans to routinely visit hospitals about every 2-3 years. Would you prefer another EHDDI site visit sooner than that?

Yes No

10. Is there anything specific you would like addressed at your next site visit?

11. Please provide any other information or questions you have, including any requests for specific resources.

Thank you for your time in completing this survey!