

## Appendix

1. Do you have specific interest in paediatric audiology?      yes /no

2. Which of the following investigations would you arrange on a child presenting with a severe to profound bilateral sensorineural hearing loss?

	Routinely	Occasionally	Rarely
Urine analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT/MRI cochlea/ IAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FBC, ESR, U&Es	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TORCHES investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genetic referral/genetic testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General paediatric referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal ultra sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid function tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent & sibling hearing test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Others please list

Do you refer to another clinician for investigation?      Yes/ No

If yes please ring appropriate speciality/specialities

Genetics

Paediatricians

Audiological physicians

Others – please specify