



The MOMENT study is a feasibility study which aims to find out whether a study of the treatments of OME is feasible. As part of this we would like to obtain information on the care pathways in each Network/Centre.

We would like to ask you to complete this questionnaire based on current practice within your centre.

Could you please complete all of the questions that you feel in a position to answer. Tick boxes can be completed by double clicking on the appropriate box and selecting “checked”

If you are able to answer a question please add your initials in the box provided for each question. If you feel the question would be better answered by another member of your team, please add their name and contact details to the appropriate question.

Completion of the questionnaire may require input from more than one person in your team.

When you have provided your answers please return the questionnaire by email to: [REDACTED] ([REDACTED]). We will contact any other team members as indicated in your responses.

### **Section 1 - General information**

<b>i. Name of cleft network</b>	
<b>1.2 Name of cleft centre</b>	
<b>1.3 Name and clinical role of person/s completing this questionnaire on behalf of the centre/network</b>	
<b>1.4 contact details (email/tel) of person/s completing this questionnaire on behalf of the centre/network</b>	
<b>1.5 Name of cleft service coordinator</b>	
<b>1.6 email address of cleft service coordinator</b>	

## Section 2 – Clinical Provision and Practice

2.1 Does your cleft service have dedicated audiology input based at your centre?

Answered by: (initials)

This question will be better answered by:

Name:

Contact details:

Audiologist Yes  No

Clinical Scientist (audiology) Yes  No

Paediatrician in audiology Yes  No

Audiovestibular Physician Yes  No

2.2 Does your cleft service have a dedicated ENT clinician?

Answered by: (initials)

This question will be better answered by:

Name:

Contact details:

ENT consultant Yes  No

Associate Specialist/staff grade Yes  No

Other (please specify grade): Yes  No

**2.3 Is there anyone else in your centre that is involved in the management of OME in children with cleft? For example, community paediatrician (audiology) or audiovestibular physician**

**Answered by: (initials)**

**This question will be better answered by:**

**Name:**

**Contact details:**

**Yes**  **No**

*If yes please give details:*

**2.4 How often do children with cleft palate receive routine audiological assessment at your cleft centre. If assessment varies by age please give frequency of routine audiological assessment and age ranges.**

**Answered by: (initials)**

**This question will be better answered by:**

**Name:**

**Contact details:**

**2.5 What tests do you routinely use to diagnose and guide the subsequent management of OME. If you have a protocol please attach it to this questionnaire. Please tick all that apply.**

**Answered by: (initials)**

**This question will be better answered by:**

**Name:**

**Contact details:**

Otoscopy

Tympanometry

Age appropriate hearing test

**Which of the following age appropriate tests are you able to provide at your centre?**

Automated Brainstem audiometry (ABR)

Visual Reinforced Audiometry (VRA)

Distraction testing (DT)

Performance / play audiometry

Speech testing

Pure Tone audiogram

Other, *please give details:*

**2.6 At primary cleft palate repair how is the decision made to insert ventilation tubes or not and who is involved in the decision making process?**

**Answered by: (initials)**

**This question will be better answered by:**

**Name:**

**Contact details:**

**2.7 What factors influence the decision to insert ventilation tubes at primary cleft repair?**

**Answered by: (initials)**

**This question will be better answered by:**

**Name:**

**Contact details:**

- 2.8 After what period of time would a conductive hearing loss >25-30dBHL trigger 'active' intervention (referral for/decision to insert ventilation tubes or prescribe hearing aids) at your centre**

**Answered by: (initials)**

**This question will be better answered by:**

**Name:**

**Contact details:**

- 2.9 Please describe the decision making process to provide hearing aids or to insert/refer to ENT for consideration of ventilation tubes as the first line treatment for persistent OME. Please include any involvement of parents and/or the child.**

**Answered by: (initials)**

**This question will be better answered by:**

**Name:**

**Contact details:**

**2.10 Please describe the decision making process to provide hearing aids or ventilation tubes if the child has already received treatment and has persistent OME.**

**Answered by: (initials)**

**This question will be better answered by:**

**Name:**

**Contact details:**

For patients who have received hearing aids as initial treatment

For patients who have received ventilation tubes as initial treatment

**2.11 Under what specific circumstances would you advise against inserting VTs to treat persistent OME in a child with OME?**

**Answered by: (initials)**

**This question will be better answered by:**

**Name:**

**Contact details:**

**2.12 What would be the maximum number of sets of ventilation tubes that you would consider in a child before advising against further ventilation tube insertion? Please explain your answer**

**Answered by: (initials)**

**This question will be better answered by:**

**Name:**

**Contact details:**

1  2  3  4  5  6  7  8  >8

**2.13 What is your view on the optimum age for inserting ventilation tubes?**

**Answered by: (initials)**

**This question will be better answered by:**

**Name:**

**Contact details:**

**2.14 In what circumstances would you consider offering long term ventilation t-tubes?**

**Answered by: (initials)**

**This question will be better answered by:**

**Name:**

**Contact details:**

**2.15 In the last five years what is the average yearly number of patients with cleft palate who receive hearing aids as primary management of conductive hearing loss secondary to OME?**

**Answered by: (initials)**

**This question will be better answered by:**

**Name:**

**Contact details:**

**Where possible please complete the annual figures in the table below:**

<b>Year</b>	<b>Number of referrals</b>
2012	
2011	
2010	
2009	
2009	



**1.16 Does your centre offer hearing aid technology other than BTE hearing aids, for example, bone conduction hearing aids?**

**Answered by: (initials)**

**This question will be better answered by:**

**Name:**

**Contact details:**

**Yes**  **No**

*If yes please give details:*

**2.17 Please describe the management of children with cleft palate and OME who are not offered ventilation tubes or hearing aids**

**Answered by: (initials)**

**This question will be better answered by:**

**Name:**

**Contact details:**

**2.18 Up to what age (in years) does your cleft service actively monitor a child's hearing thresholds irrespective of OME?**

**Answered by: (initials)**

**This question will be better answered by:**

**Name:**

**Contact details:**

0  1  2  3  4  5  6  7  8  9  10  11   
12  13  14  15

16  17  18  adulthood

How regularly do these assessments take place?

Does your answer change depending on OME history?

Yes  No

*If yes please describe how:*

### Section 3. Spoke audiological/ENT services

3.1 Do children in the service attend cleft clinics at any other sites outside of your trust?

Answered by: (initials)

This question will be better answered by:

Name:

Contact details:

Yes  No

*If yes how many sites provide audiological/ENT services?*

3.2 What, if any, are your recommendations to local Audiology and or ENT services regarding the frequency of hearing tests and management of OME in patients with cleft palate outside visits to your cleft service

Answered by: (initials)

This question will be better answered by:

Name:

Contact details:

Do you receive a copy of the results?

Yes  No

Does the local hospital make decisions regarding ventilation tubes and/or hearing aids?

Yes  No

*If yes please give details*

## Section 5. Information

5.1 What information do you issue to your families about OME and the impact of OME

Answered by: (initials)

This question will be better answered by:

Name:

Contact details:

*Please attach a copy of any written documentation to this questionnaire*

**5.2 When is the risk of OME and signs of OME first discussed with your families**

**Answered by: (initials)**

**This question will be better answered by:**

**Name:**

**Contact details:**

**5.3 Who in your network gives advice and discusses OME with families**

**Answered by: (initials)**

**This question will be better answered by:**

**Name:**

**Contact details:**

## Section 6: Service Delivery

6.1 Are there any barriers to the care that you would like to provide to patients with cleft and OME?

Answered by: (initials)

This question will be better answered by:

Name:

Contact details:

Yes  No

*If yes please give details*

6.2 If there is anything else that you would like to tell us about the management of OME in your centre please enter it here.

Answered by: (initials)

This question will be better answered by:

Name:

Contact details:

If you have written protocols for the treatment of OME in your centre please return a copy with this questionnaire.

**Thank you for completing this  
questionnaire**