



 **2025**
AUDIOLOGY SURVEY

Clinical Focus Patterns

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Executive Summary

The American Speech-Language-Hearing Association (ASHA) conducted a survey of audiologists in the fall of 2025. The survey was designed to provide information about salaries, working conditions, and service delivery, as well as to update and expand information gathered during previous *Audiology Surveys*.

The results are presented in a series of reports. This report is based on responses from audiologists in colleges and universities, hospitals, audiology franchises and retail chains, nonresidential health care facilities (including audiologists' and physicians' offices), and industry.

Highlights

- 88% of the audiologists worked full time.
- 83% received primarily an annual salary.
- 73% were clinical service providers.
- Their median years of experience was 16.
- 78% held an AuD degree as their only doctorate.
- 34% work with third-party administrators for hearing aid dispensing and related services.
- 16% currently provide follow-up care for patients who purchased hearing aids over the counter.
- 33% currently provide telepractice services.
- 81% perform diagnostic hearing assessment daily.
- 21% currently supervise a final-year externship student.
- 52% said that their employers paid their ASHA dues.
- 67% were not familiar with the *Measuring Meaningful Outcomes for Adult Hearing Health Interventions (2025)* report from NASEM.
- \$88,000 was the remaining median student debt for those who had received loans for their education.

Who They Are	<p>The data in this report were gathered from 1,525 ASHA-certified audiologists who responded to the <i>2025 Audiology Survey</i>.</p> <ul style="list-style-type: none"> ◆ 88% were employed full time. ◆ 12% were employed part time.
Status	
Salary Basis	<ul style="list-style-type: none"> ◆ 83% received primarily an annual salary. ◆ 15% received primarily an hourly wage. ◆ 2% received primarily a commission.
Primary Function	<ul style="list-style-type: none"> ◆ 73% were clinical service providers. ◆ 11% were college or university faculty or clinical educators. ◆ 7% were administrators, supervisors, directors, or owners. ◆ 2% were in sales, training, or technical support. ◆ 2% were researchers. ◆ 2% were consultants. ◆ 1% were hearing conservationists. ◆ 1% filled <i>other</i> functions.
Primary Facility	<ul style="list-style-type: none"> ◆ 35% worked in nonresidential health care facilities. ◆ 31% worked in hospitals. ◆ 14% worked in colleges/universities. ◆ 12% worked in schools. ◆ 3% worked in industry. ◆ 2% worked in audiology franchises and retail chains. ◆ 1% worked in occupational / environmental safety programs. ◆ 3% worked in <i>other</i> facilities.
Years of Experience	<ul style="list-style-type: none"> ◆ Overall median years of experience was 16. <ul style="list-style-type: none"> ○ 25 years in schools ○ 21 years in industry ○ 21 years in audiology franchises and retail chains ○ 20 years in colleges/universities ○ 15 years in nonresidential health care facilities ○ 12 years in hospitals
Highest Degree	<ul style="list-style-type: none"> ◆ 11% held a master's as the highest degree. ◆ 78% held an AuD as their only doctorate. ◆ 6% held a PhD as their only doctorate. ◆ 1% held another doctoral degree as their only doctorate. ◆ 4% held multiple doctorates.
Population Density	<ul style="list-style-type: none"> ◆ 40% worked in a city/urban area. ◆ 44% worked in a suburban area. ◆ 17% worked in a rural area.

Divisions of the Country

- ◆ 15% worked in New England: CT, MA, ME, NH, RI, VT.
- ◆ 5% worked in the Middle Atlantic states: NJ, NY, PA.
- ◆ 11% worked in the East North Central states: IL, IN, MI, OH, WI.
- ◆ 11% worked in the West North Central states: IA, KS, MN, MO, NE, ND, SD.
- ◆ 14% worked in the South Atlantic states: DC, DE, FL, GA, MD, NC, SC, VA, WV.
- ◆ 12% worked in the East South Central states: AL, KY, MS, TN.
- ◆ 4% worked in the West South Central states: AR, LA, OK, TX.
- ◆ 17% worked in the Mountain states: AZ, CO, ID, MT, NM, NV, UT, WY.
- ◆ 10% worked in the Pacific states: AK, CA, HI, OR, WA.

Hearing Aids

Third-Party Administrators

We asked the audiologists who did not work in the schools two hearing-aid focused questions. First, we asked if they currently worked with third-party administrators for hearing aid dispensing and related services. Of those employed part- or full time ($n = 995$), more than one third (34%) said that they did work with third-party administrators; responses varied significantly by facility type. When only facilities with at least 25 respondents were included, 17% of audiologists in hospitals, 35% in colleges/universities, 46% in nonresidential health care facilities, and 55% in franchises and retail chains said that they worked with third-party administrators ($p < .001$; data not shown in any table).

Follow-Up Care

The second question asked if they provided follow-up care for patients who purchased hearing aids over the counter. Nearly half (45%) do not currently provide that service nor do they plan to (see Table 1).

Options	%
No, we do not provide this service and are not planning to provide it.	45
No, we do not provide this service; we are considering it but have not made a decision.	9
No, we do not provide this service but have plans to provide it.	2
Yes, we provide this service now.	16
Not applicable.	28
<i>n</i>	1,196

Telepractice

When we asked audiologists who were employed full- and part time if their practice offered telepractice services, more than half (52%) said that they do not currently offer telepractice services nor are they planning to (see Table 2).

Table 2: Telepractice	
Options	%
No, we do not provide—and do not currently plan to provide—telepractice services.	52
No, but we are considering providing telepractice services in the future.	15
Our practice began providing telepractice services on or after January 1, 2024.	7
We currently provide telepractice services and have been doing so since before January 1, 2024.	26
<i>n</i>	1,312

Their responses varied by facility type ($p < .001$). See more details in Appendix Table 1.

- Audiologists in schools (83%) were the most likely group to select the first response (do not now—and do not plan to—provide telepractice).
- Audiologists in hospitals (18%) were more likely than those in other facilities to select the second response (do not, but are considering it).
- Audiologists in franchises and retail chains (17%) were more likely than those in other facilities to select the third response (began providing telepractice services on or after January 1, 2024).
- Audiologists in colleges/universities (37%) were the most likely group to select the fourth response (have been providing telepractice services since before January 1, 2024).

Activities

We presented a list of 11 activities and asked audiologists who were clinical service providers how frequently they had performed each of them: daily, weekly, monthly, less than monthly, or rarely or never (see Appendix Table 2).

- The three activities that the audiologists were performed daily more often than any other activities were **diagnostic hearing assessment (81%)**, followed by fitting and dispensing hearing aids (43%) and verifying performance of hearing aids using Real Ear Measurements (33%).
- The activity that the audiologists performed weekly more often than any other activity was **demonstrating, fitting, or dispensing hearing assistive technology (26%)**, followed by fitting and dispensing hearing aids and verifying performance of hearing aids using Real Ear Measurements—both at 25%.
- The activity that the audiologists performed monthly more often than any other activity was **demonstrating, fitting, or dispensing hearing assistive technology (15%)**, followed by providing hearing conservation services (14%) and providing tinnitus assessment/rehabilitation (11%).
- The activity that the audiologists performed less than monthly more often any other activity was **providing hearing conservation services (22%)**, followed by demonstrating, fitting, or dispensing hearing assistive technology and providing tinnitus assessment/rehabilitation—both at 13%.
- The three activities that the audiologists performed rarely or never more often than other activities were programming cochlear implants and providing vestibular assessment and/or rehabilitation—both at 74%—followed by performing evoked potential testing (57%).



**Super-
vision**

**Final-Year
Externship
Students**

We asked clinical service providers who were employed part- or full time four questions about supervision. The first question asked about their experience supervising final-year externship students. Most of the respondents in this group of 947 audiologists were either currently supervising at least one student (21%) or had supervised in the past but were not currently doing that (43%). An additional 36% had never supervised a final-year externship student. (Data not shown in any table.)

**Encourage
Supervision**

We then asked two questions about what would encourage them to—or discourage them from—supervising a final-year externship student in the future, regardless of whether they were currently supervising one. More than one third selected *financial compensation for my time* and *release time from other duties* as provisions that would encourage them to supervise (see Table 3).

Table 3: Encourage Supervision	
Options	%
Financial compensation for my time	37
Release time from other duties	36
Training in supervision	31
Free ASHA continuing education courses	27
Insurance reimbursement for services	10
Other*	5
<i>n</i>	1,076

*See list of *other* responses in Appendix C of the *Summary Report*.

Only *release time from other duties* showed significant differences across facilities ($p = .043$). Audiologists in hospitals were the most likely group to select this option (42%), and those in schools were least likely (29%; data not shown in any table).

**Discourage
Supervision**

The next question asked what would discourage them from supervising a final-year externship student. Each of the five options was selected by at least one fourth of the audiologists. More than half (55%) chose *insufficient time* (see Table 4).

Two options showed significant differences across facilities. (Data shown in *Summary Report*.)

- Audiologists in hospitals were the most likely group to select *insufficient time* (59%), and those in schools were least likely (50%; $p = .018$).
- Audiologists in hospitals were the most likely group to select *lack of administrative support* (39%), and those in nonresidential health care facilities and in schools were least likely (24%; $p < .001$).

Table 4: Discourage Supervision	
Options	%
Insufficient time	55
Lack of financial compensation for my time	30
Lack of administrative support	30
Poor student quality	26
Lack of financial compensation for the student	25
Other*	10
<i>n</i>	1,076

*See list of *other* responses in Appendix C of the *Summary Report*.

Audiology Assistant or Aide

The final question about supervision asked if audiologists were currently supervising an audiology assistant or aide ($n = 947$; data not shown in any table).

- 24% said that they do.
- 25% said that their workplace employs aides, but they (the audiologists) do not supervise any.
- 51% said that their workplace does not employ aides.

Outcome Measures

We asked audiologists who were not employed in schools three questions about outcome measures.

NASEM Report

In the first question, we asked how familiar they were with the *Measuring Meaningful Outcomes for Adult Hearing Health Interventions (2025)* report from the National Academies of Sciences, Engineering, and Medicine (NASEM). (Data shown in *Summary Report*.)

- Most of the audiologists (67%) were not familiar with the report and were directed to skip the two follow-up questions.
- 29% were somewhat familiar.
- 4% were very familiar.
- Facility played a significant role in their responses ($p < .001$). Audiologists in hospitals were the most likely group to be unfamiliar with the report (71%), followed by those in nonresidential health care facilities (70%), industry (67%), colleges/universities (55%), and franchises and retail chains (44%).

Adoption of Outcome Measures

We then asked two follow-up questions of the clinical service providers who were employed part- or full time and who were at least somewhat familiar with the NASEM report. Of this group, 15% said that they have adopted the NASEM outcome measures in their practice, 40% plan to adopt them, 16% do not plan to adopt them, and 29% said the question was not applicable ($n = 248$; data shown in *Summary Report*).

Use of Specific Outcome Measures

The final question in this section asked how frequently they used a list of five outcome measures with their adult patients when they were clinically appropriate.

Table 5 shows the key to the five specific outcome measure types:

- 1—hearing-related psychosocial health (e.g., *Hearing Handicap Inventory for Adults/Elderly* and the *Revised Hearing Handicap Inventory*)
- 2—subjective measure of understanding speech in complex listening situations (e.g., *Abbreviated Profile of Hearing Aid Benefit* and *Speech and Spatial Qualities of Hearing*)
- 3—objective measure of understanding speech in complex listening situations (e.g., *WIN test*, *Quick-SIN test*, *HINT*)
- 4—cognition (e.g., *Mini-Cog*)
- 5—Real Ear Measurements

Response	Outcome Measure Type				
	1	2	3	4	5
Never	47	44	17	72	11
Sometimes	24	27	33	13	12
Most of the time	9	12	23	3	13
Always	7	6	19	1	50
Not applicable	12	12	9	12	14
<i>n</i>	861	860	859	854	863

Of the responding audiologists, 50% said that they *always use* Real Ear Measurements. At the other extreme, 72% of the audiologists reported that they *never use* cognition measures.

Expenses

We asked the audiologists who were employed part- or full time to view an itemized list of expenses and identify who paid for each item in that list (see Table 6).

Table 6: Paid Expenses (%)					
Expense	Self	Emp	Com	NA	n
ASHA dues	42	52	6	0	1,327
Professional development	31	44	25	1	1,326
State licensing fees	46	49	4	1	1,326
Leave time to volunteer	42	16	4	38	1,309
Other, specify*:	10	8	1	82	667

Note. Emp = employer; Com = combination.

*See list of *other* responses in Appendix C of the *Summary Report*.

The type of facility where audiologists were employed had an effect on their response to *leave time to volunteer* ($p < .001$). Nearly half of the audiologists in industry and schools (45%) and in hospitals (48%) selected self, compared to 40% in nonresidential health care facilities, 33% in colleges and universities, and 29% in franchises and retail chains. Audiologists in industry (34%) were the most likely group to say that their employer paid for *leave time to volunteer*. (Data not shown in any table.)

Unpaid Student Debt

We asked respondents to estimate the amount of unpaid student debt they had accumulated for their education. The 381 audiologists who said that they carried any debt reported a median of \$88,000; a mean of \$102,236; and a standard deviation of \$93,315. Additional information on student debt can be found in the accompanying *Annual Salary Report* and *Hourly Wage Report*.



**Survey
Notes and
Methodol-
ogy**

The *ASHA Audiology Survey* was fielded in even-numbered years between 2004 and 2018 to gather information of interest to the profession. The 2020 version was postponed by 1 year because of the COVID-19 pandemic, but the survey has been fielded in odd-numbered years since 2021. Members, volunteer leaders, and staff rely on data from the survey to better understand the priorities and needs of audiologists.

ASHA fielded the *2025 Audiology Survey* to all ASHA certified audiologists (CCC-A) and dually certified constituents (CCC-A and CCC-SLP) who had addresses in the United States. Of the dually certified constituents, we included in the results only those who said that they were employed as audiologists. We also marketed the survey to known audiology communities and through social media invitations to provide additional avenues for audiologists to become aware that the survey was in the field. The survey was fielded electronically, via SurveyMonkey, six times between September 23 and November 6, closing on November 10.

Response Rate

We obtained a response rate of 13.8% (1,478 completed surveys directly from emailed invitations and an additional 47 responded on the web from a net sample of 11,044 audiologists).

**Survey
Reports**

Results from the *2025 Audiology Survey* are presented in a series of reports:

- Survey Summary
- Annual Salaries
- Hourly Wages
- Clinical Focus Patterns
- Workforce
- Educational Audiologists
- Survey Methodology, Respondent Demographics, and Glossary

**Suggested
Citation**

American Speech-Language-Hearing Association. (2026). *ASHA 2025 Audiology Survey: Clinical Focus Patterns*. www.asha.org

Supplemental Resources

American Speech-Language-Hearing Association. (n.d.-a). *Quality improvement for audiologists*. www.asha.org/aud/Quality-Improvement-for-Audiologists/

American Speech-Language Hearing Association. (n.d.-b). *ASHA Now* [E-newsletter]. www.asha.org/publications/asha-now/

American Speech-Language Hearing Association. (n.d.-c). *Audiology patient education handouts*. www.asha.org/aud/pei/

American Speech-Language-Hearing Association (n.d.-d). *Communication access*. www.asha.org/practice/communication-access/

American Speech-Language Hearing Association. (n.d.-e). *Over-the-counter hearing aid toolkit*. www.asha.org/aud/otc-hearing-aid-toolkit/

American Speech-Language Hearing Association. (n.d.-f). *Safety in the workplace: Audiology*. www.asha.org/aud/safety-in-the-workplace-audiology/

American Speech-Language Hearing Association. (n.d.-g). *Social determinants of health*. www.asha.org/practice/social-determinants-of-health/

American Speech-Language-Hearing Association. (n.d.-h). *Value-based care: Alternative payment models*. www.asha.org/advocacy/Value-Based-Care/

Consultation

For a free consultation with an ASHA staff audiologist, please contact audiology@asha.org.

Additional Information

For additional information regarding the *2025 Audiology Survey*, please contact ASHA's Audiology Practices unit at audiology@asha.org. To learn more about how the Association is working on behalf of ASHA-certified audiologists, visit ASHA's website at www.asha.org/aud.

Thank You!

ASHA would like to thank the audiologists who completed the *ASHA 2025 Audiology Survey*. Reports like this one are possible only because people like *you* participate.

Appendix Table 1: Telepractice Services, by Facility

26. Does your workplace offer telepractice services? <i>Select only one response. (Percentages)</i> Analyses limited to respondents who met the following criteria: ❖ Employed full time or part time							
Telepractice	Facility type						
	All facility types (n = 1,312)	College/ university (n = 190)	Hospital (n = 422)	Franchise/ retail chain (n = 29)	Nonres. health care (n = 452)	Industry (n = 32)	School (n = 148)
No, we do not provide—and do not currently plan to provide—telepractice services.	52.3	37.9	46.9	34.5	53.8	53.1	83.1
No, but we are considering providing telepractice services in the future.	14.7	16.8	17.8	17.2	15.5	3.1	4.1
We began providing telepractice services on or after January 1, 2024.	6.6	8.4	6.9	17.2	6.4	12.5	0.7
We currently provide telepractice services and have been doing so since before January 1, 2024.	26.4	36.8	28.4	31.0	24.3	31.3	12.2
		Statistical significance: $\chi^2(15) = 93.21, p < .001$, Cramer's $V = .156$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					

Appendix Table 2: Activities, by Frequency and Facility

27. How often do you perform each of the following activities? (<i>Percentages</i>)							
Analyses limited to respondents who met the following criteria:							
❖ Clinical service provider							
❖ Employed full time or part time							
Frequency	Facility Type						
	All facility types	College/university	Hospital	Franchise/retail chain	Nonres. health care	Industry	School
Demonstrate, Fit, or Dispense Hearing Assistive Technology							
	<i>n</i> = 953	<i>n</i> = 17	<i>n</i> = 354	<i>n</i> = 23	<i>n</i> = 413	<i>n</i> = 2	<i>n</i> = 135
Daily	29.8	<i>(n</i> < 25)	25.4	<i>(n</i> < 25)	35.8	<i>(n</i> < 25)	19.3
Weekly	26.1		27.4		20.1		45.9
Monthly	14.9		13.8		13.8		22.2
Less than monthly	13.0		12.7		14.5		5.9
Rarely or never	16.2		20.6		15.7		6.7
Too many cells (40%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.							
Fit and Dispense Hearing Aids							
	<i>n</i> = 950	<i>n</i> = 17	<i>n</i> = 353	<i>n</i> = 23	<i>n</i> = 411	<i>n</i> = 2	<i>n</i> = 135
Daily	43.4	<i>(n</i> < 25)	39.9	<i>(n</i> < 25)	58.4	<i>(n</i> < 25)	1.5
Weekly	25.4		33.4		24.3		6.7
Monthly	4.8		5.7		2.9		9.6
Less than monthly	3.7		3.1		1.0		13.3
Rarely or never	22.7		17.8		13.4		68.9
Too many cells (37%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.							
(Question 27 continues on next page.)							

ASHA 2025 AUDIOLOGY SURVEY: CLINICAL FOCUS PATTERNS

27. (cont'd) How often do you perform each of the following activities? (Percentages)

Analyses limited to respondents who met the following criteria:

- ❖ Clinical service provider
- ❖ Employed full time or part time

Frequency	Facility Type						
	All facility types	College/university	Hospital	Franchise/retail chain	Nonres. health care	Industry	School
Perform Cerumen Management							
	<i>n</i> = 951	<i>n</i> = 17	<i>n</i> = 354	<i>n</i> = 23	<i>n</i> = 411	<i>n</i> = 2	<i>n</i> = 135
Daily	15.6	<i>(n</i> < 25)	11.0	<i>(n</i> < 25)	24.3	<i>(n</i> < 25)	0.7
Weekly	18.6		16.7		24.8		2.2
Monthly	10.2		11.0		9.7		8.1
Less than monthly	10.9		14.4		8.5		9.6
Rarely or never	44.7		46.9		32.6		79.3
		Too many cells (43%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
Perform Diagnostic Hearing Assessment							
	<i>n</i> = 955	<i>n</i> = 17	<i>n</i> = 354	<i>n</i> = 23	<i>n</i> = 413	<i>n</i> = 2	<i>n</i> = 137
Daily	80.6	<i>(n</i> < 25)	86.4	<i>(n</i> < 25)	91.3	<i>(n</i> < 25)	34.3
Weekly	11.4		8.5		6.1		34.3
Monthly	2.6		0.8		1.2		12.4
Less than monthly	1.6		0.3		0.2		8.8
Rarely or never	3.8		4.0		1.2		10.2
		Too many cells (53%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
(Question 27 continues on next page.)							

ASHA 2025 AUDIOLOGY SURVEY: CLINICAL FOCUS PATTERNS

27. (cont'd) How often do you perform each of the following activities? (Percentages)

Analyses limited to respondents who met the following criteria:

- ❖ Clinical service provider
- ❖ Employed full time or part time

Frequency	Facility Type						
	All facility types	College/university	Hospital	Franchise/retail chain	Nonres. health care	Industry	School
Perform Evoked Potential Testing							
	<i>n</i> = 951	<i>n</i> = 16	<i>n</i> = 353	<i>n</i> = 23	<i>n</i> = 413	<i>n</i> = 2	<i>n</i> = 135
Daily	10.4	<i>(n</i> < 25)	18.1	<i>(n</i> < 25)	7.3	<i>(n</i> < 25)	2.2
Weekly	19.9		32.6		15.5		4.4
Monthly	7.7		10.8		7.3		0.7
Less than monthly	4.9		5.1		5.3		3.0
Rarely or never	57.1		33.4		64.6		89.6
		Too many cells (43%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
Program Cochlear Implants							
	<i>n</i> = 951	<i>n</i> = 16	<i>n</i> = 354	<i>n</i> = 23	<i>n</i> = 412	<i>n</i> = 2	<i>n</i> = 135
Daily	9.4	<i>(n</i> < 25)	16.7	<i>(n</i> < 25)	6.1	<i>(n</i> < 25)	0.7
Weekly	9.6		13.3		9.7		1.5
Monthly	4.7		3.4		6.8		1.5
Less than monthly	2.2		2.5		2.7		0.0
Rarely or never	74.1		64.1		74.8		96.3
		Too many cells (47%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
(Question 27 continues on next page.)							

ASHA 2025 AUDIOLOGY SURVEY: CLINICAL FOCUS PATTERNS

27. (cont'd) How often do you perform each of the following activities? (Percentages)							
Analyses limited to respondents who met the following criteria:							
❖ Clinical service provider							
❖ Employed full time or part time							
Frequency	Facility Type						
	All facility types	College/university	Hospital	Franchise/retail chain	Nonres. health care	Industry	School
Provide Audiologic/Aural Rehabilitation							
	<i>n</i> = 948	<i>n</i> = 16	<i>n</i> = 351	<i>n</i> = 23	<i>n</i> = 412	<i>n</i> = 2	<i>n</i> = 135
Daily	26.2	<i>(n</i> < 25)	29.3	<i>(n</i> < 25)	28.4	<i>(n</i> < 25)	11.1
Weekly	18.7		12.0		20.9		26.7
Monthly	8.1		6.3		8.5		11.9
Less than monthly	10.1		7.7		9.5		18.5
Rarely or never	36.9		44.7		32.8		31.9
		Too many cells (40%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
Provide Hearing Conservation Services							
	<i>n</i> = 952	<i>n</i> = 16	<i>n</i> = 353	<i>n</i> = 23	<i>n</i> = 413	<i>n</i> = 2	<i>n</i> = 136
Daily	5.4	<i>(n</i> < 25)	5.1	<i>(n</i> < 25)	6.3	<i>(n</i> < 25)	2.9
Weekly	8.3		6.5		11.4		4.4
Monthly	13.7		11.0		16.0		14.0
Less than monthly	21.6		22.4		19.4		27.2
Rarely or never	51.1		55.0		47.0		51.5
		Too many cells (43%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
(Question 27 continues on next page.)							

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27. (cont'd) How often do you perform each of the following activities? (Percentages)

Analyses limited to respondents who met the following criteria:

- ❖ Clinical service provider
- ❖ Employed full time or part time

Frequency	Facility Type						
	All facility types	College/university	Hospital	Franchise/retail chain	Nonres. health care	Industry	School
Provide Tinnitus Assessment/Rehabilitation							
	<i>n</i> = 949	<i>n</i> = 16	<i>n</i> = 354	<i>n</i> = 23	<i>n</i> = 410	<i>n</i> = 2	<i>n</i> = 135
Daily	9.7	<i>(n</i> < 25)	11.0	<i>(n</i> < 25)	12.4	<i>(n</i> < 25)	0.0
Weekly	17.5		13.6		26.3		0.7
Monthly	10.7		7.6		15.9		1.5
Less than monthly	13.2		14.1		13.9		7.4
Rarely or never	48.9		53.7		31.5		90.4
		Too many cells (43%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
Provide Vestibular Assessment and/or Rehabilitation							
	<i>n</i> = 949	<i>n</i> = 16	<i>n</i> = 354	<i>n</i> = 22	<i>n</i> = 411	<i>n</i> = 2	<i>n</i> = 135
Daily	7.6	<i>(n</i> < 25)	8.8	<i>(n</i> < 25)	9.7	<i>(n</i> < 25)	0.0
Weekly	11.5		15.8		12.2		0.0
Monthly	3.9		4.2		5.1		0.7
Less than monthly	3.1		2.5		4.1		0.7
Rarely or never	74.0		68.6		68.9		98.5
		Too many cells (47%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.					
(Question 27 continues on next page.)							

ASHA 2025 AUDIOLOGY SURVEY: CLINICAL FOCUS PATTERNS

27. (cont'd) How often do you perform each of the following activities? (Percentages)

Analyses limited to respondents who met the following criteria:

- ❖ Clinical service provider
- ❖ Employed full time or part time

Frequency	Facility Type						
	All facility types	College/ university	Hospital	Franchise/ retail chain	Nonres. health care	Industry	School
Verify Performance of Hearing Aids Using Real Ear Measurements							
	<i>n</i> = 952	<i>n</i> = 17	<i>n</i> = 354	<i>n</i> = 23	<i>n</i> = 412	<i>n</i> = 2	<i>n</i> = 135
Daily	33.2	<i>(n</i> < 25)	41.5	<i>(n</i> < 25)	35.7	<i>(n</i> < 25)	6.7
Weekly	25.0		31.1		23.5		12.6
Monthly	8.7		5.1		7.8		20.7
Less than monthly	6.4		2.5		6.3		15.6
Rarely or never	26.7		19.8		26.7		44.4
		<p>Too many cells (37%) have an expected count of less than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by facility type.</p>					