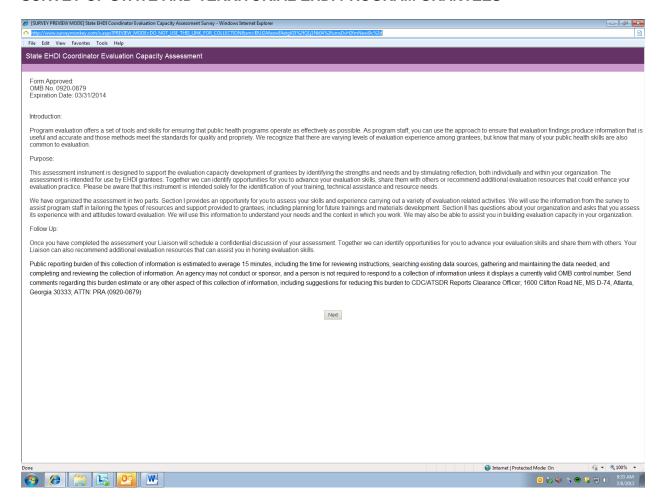
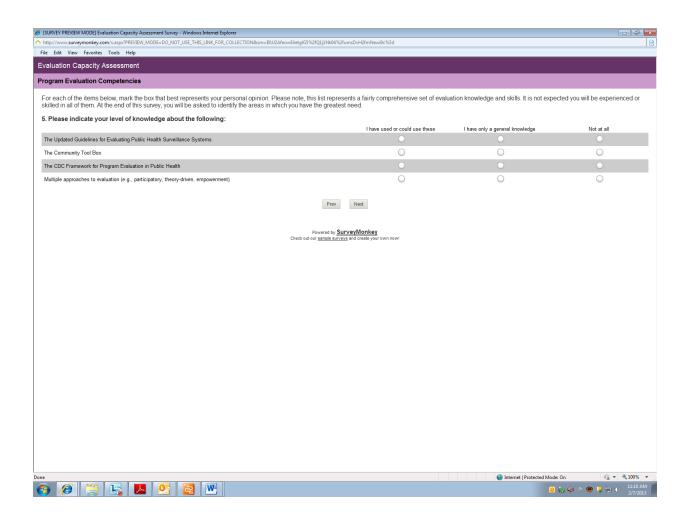
ATTACHMENT - C: Data Collection Instrument - Web version Part 1

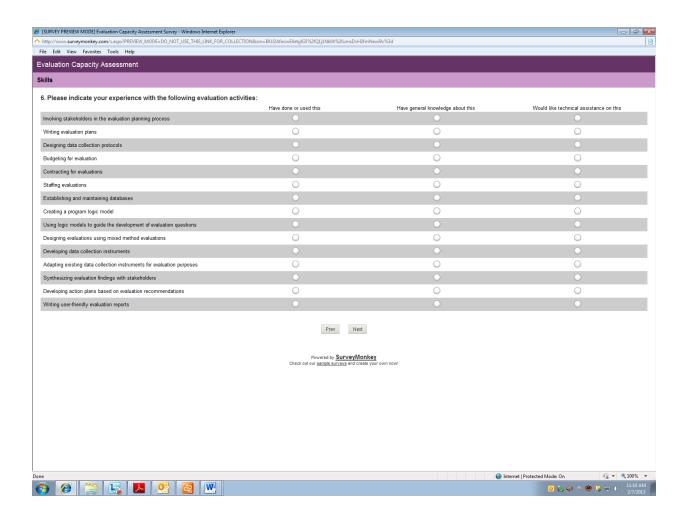
SURVEY OF STATE AND TERRITORIAL EHDI PROGRAM GRANTEES



SURVEY PREVIEW MODE) Evaluation Capacity Assessment Surve			
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File Edit View Favorites Tools Help			
Evaluation Capacity Assessment			
Background Information			
Please tell us a little bit about yourself.			
1. For what state/territory do you serve?			
○ ALABAMA	LOUISIANA	○ NORTH DAKOTA	
ALASKA	○ MAINE	OHIO	
AMERICAN SAMOA	○ MARSHALLS ISLAND	OKLAHOMA	
ARIZONA	MARYLAND	OREGON	
ARKANSAS	○ MASSACHUSETTS	PALAU	
CALIFORNIA	MICHIGAN	RHODE ISLAND	
COLORADO	○ MINNESOTA	O SOUTH CAROLINA	
CONNECTICUT	MISSISSIPPI	O SOUTH DAKOTA	
O DELAWARE	MISSOURI	○ TENNESSEE	
FLORIDA	○ MONTANA	○ TEXAS	
FSM	○ NEBRASKA	UTAH	
GEORGIA	○ NEVADA	VERMONT	
GUAM	NEW HAMPSHIRE	VIRGINIA	
O IDAHO	○ NEW JERSEY	WASHINGTON	
ILLINOIS	NEW MEXICO	WISCONSIN	
○ INDIANA	NEW YORK	○ WYOMING	
O IOWA	○ NO. MARIANA ISLANDS*		
KENTUCKY	O NORTH CAROLINA		
2. What is your position in the EHDI program?	? (Check all that apply)		
Data Coordinator/Manager			
EHDI Coordinator/Manager			
Principal Investigator			
Other (please specify)			
3. How long have you been working in the ear	rly hearing detection field?		
< 1 year			
1 to <2 years			
2 to 5 years			
>5 years			
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File Edit View Favorites Tools Help				
Evaluation Capacity Assessment				j
Skills cont'd				
7. Please indicate your experience with collecting	quantitative data using:			
	Have done or used this	Have general knowledge about this	Would like technical assistance on this	
Observations	•	•	0	
Record abstractions	0	0	0	
Surveys/questionnaires	0	•	0	
Please indicate your experience with collecting	qualitative data using:			
8. Flease indicate your experience with conecuing	Have done or used this	Have general knowledge about this	Would like technical assistance on this	
Observations	•	O	0	
Interviews	0	0	0	_ ,
Focus groups	•	•	0	
Case studies	0	0	0	_
Documents	0	•	0	
Please indicate your experience with using data				
	Have done or used this	Have general knowledge about this	Would like technical assistance on this	
Insurance/hospital records	•	•	•	
Program documents (meeting minutes, promotional materials)	0	0	0	
Surveillance systems	0	•	•	
40 Diagram indicate ways are priced with tailuring				
10. Please indicate your experience with tailoring	Have done or used this	Have general knowledge about this	Would like technical assistance on this	
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State partners	0	0	0	
Program staff	0	•	•	
Community groups	0	0	0	
Legislators/advocacy groups/policy makers	•	•	0	
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