**Early Hearing Detection and Intervention**

**Hearing Screening and Follow-up Survey**

**Reinstatement with Change**

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**Attachment 5:**

**DSHPSHWA Annual Survey**

The Directors of Speech and Hearing Programs in State Health and

Welfare Agencies (DSHPSHWA) Data Reporting Form

 **State/Territory Reporting:** **Reporting Year:**

1) Are birthing hospitals/facilities/providers required by the state to report hearing screening information?[ ]  Yes[ ]  No

1. If “yes” to question #1, what information are hospitals/facilities/providers required to report?

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**Screening Information**

2) Number of Live Births (in year 2003):       [ ]  Act[ ]  Est

 **•** Source of the data (i.e. state report?):

1. Total Number of infants born between **1/01/03 – 12/31/03** screened for hearing loss:

 [ ]  Act[ ]  Est

1. Number screened **prior to discharge** (if known):       [ ]  Act [ ]  Est
2. Number screened after discharge, but before 1 month of age (if known):       [ ]  Act [ ]  Est

 **•** Source of the data:

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### Referral Information

4) Number of infants born between **1/01/03 – 12/31/03** **referred** for a Diagnostic Audiologic Evaluation:       [ ]  Act[ ]  Est

 • Source of the data:

5) Number of infants born between **1/01/03 – 12/31/03 received** a Diagnostic Audiologic Evaluation:       [ ]  Act [ ]  Est

 a) Number of infants receiving a Diagnostic Audiologic Evaluation before 3 months of age:       [ ]  Act [ ]  Est

 **•** Source of the data:

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## Case Information

6) Total number of children born between **1/01/03 – 12/31/03** who wereidentifiedwith a Permanent ChildhoodHearing Loss (PCHL) (including both those identified through a newborn hearing screening program and late identified cases):       [ ]  Act [ ]  Est

1. Of the **total** number of children born between **1/01/03 – 12/31/03** who were identified with a PCHL, how many were screened through a Newborn Hearing Screening Program:       [ ]  Act [ ]  Est

7) Average, Median, and Age Range of Children when they are diagnosed with a PCHL:

 a) Average Age (Months):      c) Minimum Age (Months)

b) Median Age (Months):      d) Maximum Age (Months)

**Average Age**: If there are 5 children born in 2003 with a PCHL with the following age of diagnosis: 1.00 month, 1.25 months, 3.75 months, 4.50 months, 6.25 months, the average for 2003 would be:*1.00 + 1.25 + 3.75 + 4.50 + 6.25 = 16.75 divided by 5 = 3.35 months.* **Median Age**: Using these ages, the median age for 2003 would be 3.75 months (age when 50% of children are above & 50% are below).

Did your state use the DSHPSHWA formula (DSHPSHWA Explanations) to determine the previous values: [ ]  Yes[ ]  No

 **•** If you answered no, please explain:

8) Total number of children bornin **2003** with PCHL receiving intervention:       [ ]  Act [ ]  Est

 a) Number born in **2003** with PCHL that received intervention **before 6 Months of age**:

 [ ]  Act [ ]  Est

**Intervention:**  Refers to services specifically for children who are deaf or hard of hearing and may include, but are not limited to monitoring, speech-language therapy, early intervention programming on a regular basis by a parent-infant specialist, medical or surgical treatment, etc (please see DSHPSHWA Explanations for more information).

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## Hospital Reporting & State Tracking Information

9) Number of birthing hospitals/facilities:      [ ]  Act [ ]  Est

10) Number of birthing hospitals/facilities with Universal Newborn Hearing Screening (UNHS):

 [ ]  Act [ ]  Est

11) Does your state/territory define a UNHS birthing hospital/facility by the percent of infants screened:

 [ ]  Yes [ ]  No

 a) If yes, please select one of the following choices:

 [ ]  Screen 95% or over [ ]  Screen 90% or over [ ]  Screen 85% or over [ ]  Other (Please

 specify)

12) How do birthing hospitals/facilities report hearing screening information to the state / territory (check all that apply):

[ ]  Auris [ ]  Electronic Forms [ ]  QS Technologies

[ ]  Blood Spot Card [ ]  HI\*Track [ ]  Paper Reporting Form(s)

[ ]  Custom/State Developed [ ]  Hospitals do not report [ ]  OZ System

[ ]  Electronic Birth Certificate (EBC) [ ]  Other (please specify)

13) What system, if any, does **the state/territory** use to track hearing screening and follow-up information for infants/children:

[ ]  Auris [ ]  Limelight Technologies [ ]  None

[ ]  Custom/State Developed [ ]  Neometrics [ ]  OZ System

[ ]  HI\*Track [ ]  Other (please specify)

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**Top of Form**

## Hearing Loss Type & Severity

## DSHPSHWA uses the following criteria to classify hearing loss:

Mild: 21 – 40dB HL Severe: 71 – 90dB HL

Moderate: 41 – 70dB HL Profound: 91 + dB HL

14) Does your state/territory use the DSHPSHWA system to classify the severity of a hearing loss?

 [ ]  Yes [ ]  No

 • If you answered No to the previous question, please specify the classification criteria used.

Mild (dB):       Severe (dB):

Moderate (dB):       Profound (dB):

15) Please complete the following tables if your state/territory recorded the type and severity of hearing loss for children with PCHL in 2003.

**UNILATERAL HEARING LOSSES:**

|  |  |  |
| --- | --- | --- |
|  **SENSORINEURAL** (**Total #**     ) | **CONDUCTIVE** (**Total #**     ) | **MIXED** (**Total #**     ) |
| Mild | Moderate | Severe | Profound | Mild | Moderate | Mild | Moderate | Severe | Profound |
|      |      |      |      |      |      |      |      |      |      |

**BILATERAL HEARING LOSSES:**

|  |  |  |
| --- | --- | --- |
|  SENSORINEURAL (Total #     ) |  **CONDUCTIVE** (**Total #**     ) |  MIXED (Total #     ) |
| Mild  | Moderate | Severe | Profound | Mild | Moderate | Mild | Moderate | Severe | Profound |
|      |      |      |      |      |      |      |      |      |      |

* If your state did not collect the above data, are there any plans to record this data in the future? [ ]  Yes [ ]  No
* If you answered Yes, estimated date to begin recording type and severity of identified cases of PCHL:

Additional Comments: