**Attachment 4B**

**Form Approved**

**OMB No. 0920-0733**

**Exp. Date XX/XX/XXXX**

**CDC EHDI Hearing Screening and Follow-up Survey (HSFS)**

The public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to - **CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (0920-0733)**

**Part 1: Screening, Diagnostic, and Intervention Data**

**Hearing Screening Diagnostic Intervention Type/Severity Finalize**

**Calculate Totals** *(yellow fields*)

|  |
| --- |
| **2009 Documented Hearing Screening Data**  |
| **Data Item** | **Value** |
| ***Total Occurrent Births*** |  |
| Total Occurrent Births According to Vital Records |  |
| Total Occurrent Births at Military Facilities According to Vital Records (*enter “0” if no births reported or “none” if there are no military hospitals*) |  |
| Total Occurrent Births at Military Facilities for which Hearing Results were Reported to the EHDI Program (*enter “0” if no births reported or “none” if there are no military hospitals*) |  |
| **Hearing Screening** |
| ***Total Documented as Screened*** | (*automatically calculated*)\* |
| ***Total Documented as Not Screened*** | (*automatically calculated*)\* |
| Infant Died  |  |
| Parents / Family Declined Services |  |
| Missed |  |
| Unknown |  |
| **Passed (final screen)** |
| ***Total Pass*** | (*automatically calculated*)\* |
| Pass Before 1 Month of Age |  |
| Pass After 1 month but Before 3 Months of Age |  |
| Pass After 3 Months of Age |  |
| Pass: Age Unknown |  |
| **Not Passed (final screen)** |
| ***Total Not Pass*** | (*automatically calculated*)\* |
| Not Pass Before 1 Month of Age |  |
| Not Pass After 1 month but Before 3 Months of Age |  |
| Not Pass After 3 Months of Age |  |
| Not Pass: Age Unknown |  |
| **Inpatient (IP) /Outpatient (OP) Screening Protocol Only:** Not Pass initial/IPscreen, and did not receive a rescreen/OP screen or a documented diagnosis  |  |
|  |  |
| ***Total Occurrent Births*** *(automatically calculated)*\* | (*automatically calculated*)\* |

**Notes\***

* “*Total Occurrent Births* (automatically calculated)” is based on the sum of the values for “Total Screened” and “Total Not Screened.”
* The value calculated for “***Total Occurrent Births*** (automatically calculated)” should match the value entered for “***Total Occurrent Births***” at the top of this page. If there is any difference between these values you will receive an error message.

**Hearing Screening Diagnostic Intervention Type/Severity Finalize**

**Calculate Totals** *(yellow fields*)

|  |
| --- |
| **2009 Documented Diagnostic Data**  |
| **Data Item** | **Value** |
| ***Total Not Pass Screening*** | *(from Screening section)* |
| **No Documented Hearing Loss** |
| ***Total with No Hearing Loss*** |  |
| No Hearing Loss Before 3 Months of Age |  |
| No Hearing Loss After 3 Months but Before 6 Months of Age |  |
| No Hearing Loss After 6 Months of Age |  |
| No Hearing Loss Documented: Age Unknown |  |
| **Documented Permanent Identified (ID) Hearing Loss** |
| ***Total Hearing Loss*** | (*automatically calculated*)\* |
| Hearing Loss ID: Before 3 Months of Age |  |
| Hearing Loss ID After 3 Months but Before 6 Months of Age |  |
| Hearing Loss ID After 6 Months of Age |  |
| Hearing Loss ID: Age Unknown |  |
| **No Documented Diagnosis / Undetermined**  |
| ***Total with No Diagnosis*** | (*automatically calculated*)\* |
| Audiologic Diagnosis in Process (Awaiting Diagnosis) |  |
| Non-resident or Moved Out of Jurisdiction |  |
| Infant Died  |  |
| Parents / Family Declined Services |  |
| Parent / Family Contacted but Unresponsive |  |
| Unable to Contact |  |
| Unknown |  |
|  |  |
| ***Total Not Pass***  | (*automatically calculated*)\* |

**Note:** Only cases of hearing loss that were not reported in the above Diagnostics Section (e.g., cases of late-onset hearing loss) should be reported in the below “Hearing Loss not included in above Permanent Identified (ID) Hearing Loss” section.

|  |
| --- |
| **Hearing Loss not included in above “Permanent Identified (ID) Hearing Loss”*****(e.g., Cases of permanent late onset hearing loss)*** |
| Hearing Loss ID: Before 3 Months of Age |  |
| Hearing Loss ID After 3 Months but Before 6 Months of Age |  |
| Hearing Loss ID After 6 Months of Age |  |
| Hearing Loss ID: Age Unknown |  |
| ***Total Cases of Hearing Loss*** *(not included above)* | (*automatically calculated*)\* |
| **Documented Cases of *Non*-Permanent ID Hearing Loss** |
| Cases of non-permanent, transient hearing loss ID |  |

**Calculate Totals** *(yellow fields*)

**Hearing Screening Diagnostic Intervention Type/Severity Finalize**

|  |
| --- |
| **2009 Documented Intervention Data**  |
| **Data Item** | **Value** |
| ***Total Cases Hearing Loss***  | *(from Diagnostic section)* |
| **Referrals to Part C Early Intervention (EI)**  |
| ***Total Referrals to Part C EI*** | *(automatically calculated)*\* |
| Referred and Eligible for Part C EI |  |
| Referred and Not Eligible for Part C EI |  |
| Referred but Eligibility Unknown |  |
| Not Referred to Part C EI and Unknown |  |
|  |  |
| ***Total Referred, Not Referred, and Unknown***  | *(automatically calculated)*\* |
| **Enrolled in Part C Early Intervention (EI)** |
| ***Total Enrolled in Part C EI*** | *(automatically calculated)*\* |
| Enrolled Before 6 Months of Age |  |
| Enrolled After 6 Months but Before 12 Months of Age |  |
| Enrolled After 12 Months of Age |  |
| Enrolled: Age Unknown |  |
| **Monitoring Services** |
| Receiving Only Monitoring Services |  |
| **Receiving ONLY Intervention Services from Non Part C EI** |
| ***Total Services from Non-Part C EI services Only***  | (*automatically calculated*)\* |
| Services Before 6 Months of Age |  |
| Services After 6 Months but Before 12 Months of Age |  |
| Services After 12 Months of Age |  |
| Services: Age unknown |  |
| **No Intervention Services** |
| ***Total No Services*** | (*automatically calculated*)\* |
| Not Eligible for Services |  |
| Infant Died  |  |
| Parents / Family Declined Services |  |
| Non-resident or Moved Out of Jurisdiction |  |
| Parent / Family Contacted but Unresponsive |  |
| Unable to Contact |  |
| Unknown |  |
| ***Total Intervention & No Services***  | *(automatically calculated)*\* |

|  |
| --- |
| **Cases of Hearing Loss not included in the above “Intervention” Section** **(*e.g., Cases of late onset hearing loss*)** |
| ***Hearing Loss Not included in above “Total Hearing Loss”*** | *(From Diagnostics Section)*  |
| Total Enrolled in Part C EI |  |
| Total Services from Non-Part C EI services |  |
| No Intervention: Monitoring Only |  |
| No Intervention: Unknown |  |

**Part 2: Type and Severity of Identified Hearing Losses (2009)**

**Hearing Screening Diagnostic Intervention Type/Severity Finalize**

|  |  |  |  |
| --- | --- | --- | --- |
|  |

|  |  |
| --- | --- |
| **Total Cases of Permanent Hearing Loss**  | (*from Diagnostic section of Part 1)* |

**Calculate Totals** *(yellow fields*) |
|  |  | **BILATERAL** | **UNILATERAL** | **LATERALITY UNKNOWN** *(for CASES where it is unknown if the loss is unilateral or bilateral)*  |
|  |  |  |  |
|   |  | RIGHT EAR | LEFT EAR | UNKNOWN EAR *(Note: record degree of loss for each ear)* | RIGHT EAR | LEFT EAR | UNKNOWN EAR |  |
|  **Sensorineural** | Mild |   |   |   |   |   |   |   |  |
| Moderate |   |   |   |   |   |   |   |   |
| Severe |   |   |   |   |   |   |   |   |
| Profound |   |   |   |   |   |   |   |   |
| Unknown |   |   |   |   |   |   |   |   |
|  **Conductive** | Mild |   |   |   |   |   |   |   |   |
| Moderate |   |   |   |   |   |   |   |   |
| Severe |   |   |   |   |   |   |   |   |
| Unknown Severity |   |   |   |   |   |   |   |   |
|  **Mixed** | Mild |   |   |   |   |   |   |   |   |
| Moderate |   |   |   |   |   |   |   |   |
| Severe |   |   |   |   |   |   |   |   |
| Profound |   |   |   |   |   |   |   |   |
| Unknown Severity |   |   |   |   |   |   |   |   |
|  **Type Unknown** | Mild |   |   |   |   |   |   |   |   |
| Moderate |   |   |   |   |   |   |   |   |
| Severe |   |   |   |   |   |   |   |   |
| Profound |   |   |   |   |   |   |   |   |
| Unknown Severity |   |   |   |   |   |   |   |   |
|  **Auditory Neuropathy** | Mild |   |   |   |   |   |   |   |   |
| Moderate |   |   |   |   |   |   |   |   |
| Severe |   |   |   |   |   |   |   |   |
| Profound |   |   |   |   |   |   |   |   |
| Unknown Severity |   |   |   |   |   |   |   |   |
|  | **Totals by Ear\*** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Totals by Child** |  |  |  |  |  |  |
|  |
| **Note\*:** The above totals will be automatically calculated and compared to the total number of hearing loss cases reported in the Diagnostics Section of Part 1 |

**Part 3: Demographics**

**Screening Demographics Diagnostics Demographics Intervention Demographics Finalize**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Screening** | **Diagnostics** | **Intervention** |
|  | **Total Occurrent Births**  | **Total Pass** | **Total Pass Before 1 Month**  | **Total Not Pass** | **Total Not Pass Before 1 Month** | **Normal Hearing**  | **Normal Hearing Before 3 Months** | **Hearing Loss** | **Hearing Loss Before 3 Months** | **Total Enrolled in Part C EI**\* | **Total Enrolled in Part C EI**\*  **Before 6 Months** | **Total Services *Non-*Part C EI**\* | **Total Services *Non-*Part C EI**\***Before 3 Months** |
| **Totals** *(from Part 1)* |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Unknown |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Totals* (*auto calculated*) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Maternal Age** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <15 years |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15-19 years |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 – 24 years |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25-34 years |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35 – 50 years |  |  |  |  |  |  |  |  |  |  |  |  |  |
| > 50 years |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Unknown |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Totals* (*auto calculated*) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Mothers Education**  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Less than High School |  |  |  |  |  |  |  |  |  |  |  |  |  |
| High School Graduate or GED |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Some College or AA/AS degree |  |  |  |  |  |  |  |  |  |  |  |  |  |
| College Graduate or above |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Unknown |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Totals* (*auto calculated*) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Maternal Ethnicity** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hispanic or Latino |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Not Hispanic or Latino |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Unknown |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Totals* (*auto calculated*) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Maternal Race**‡ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| White (Not Hispanic) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| White (Hispanic) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| White (Ethnicity Unknown) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Black or African American (Not Hispanic) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Black or African American (Hispanic) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Black or African American (Ethnicity Unknown) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Asian |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Native Hawaiians & other Pacific Islanders  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| American Indian & Alaska Natives |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Unknown |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Totals* (*auto calculated*) |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Hearing Screening Diagnostic Intervention Type/Severity Finalize**

**Dear Respondent:**

Thank you for completing this survey Please enter any comments and/or caveats about the data reported in the below Comments section. To submit the survey please click the red “Submit Survey” button that is located below the Comments box.

|  |
| --- |
| **Comments**  |
|  |

**Submit Survey**