

**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**

<b>Hearing Screening</b>	Diagnostic	Intervention	Type/Severity	Finalize
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Calculate Totals (yellow fields)

<b>2009 Documented Hearing Screening Data</b>	
<b>Data Item</b>	<b>Value</b>
<b>Total Occurrent Births</b>	
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)	
<b>Hearing Screening</b>	
<b>Total Documented as Screened</b>	(automatically calculated)*
<b>Total Documented as Not Screened</b>	(automatically calculated)*
Infant Died	
Parents / Family Declined Services	
Missed	
Unknown	
<b>Passed (final screen)</b>	
<b>Total Pass</b>	(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	
<b>Not Passed (final screen)</b>	
<b>Total Not Pass</b>	(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	
<b>Inpatient (IP) /Outpatient (OP) Screening Protocol Only:</b> Not Pass initial/IP screen, and did <u>not</u> receive a rescreen/OP screen or a documented diagnosis	
<b>Total Occurrent Births (automatically calculated)*</b>	(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	<b>Diagnostic</b>	Intervention	Type/Severity	Finalize
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Calculate Totals (yellow fields)

2009 Documented Diagnostic Data	
Data Item	Value
<b><i>Total Not Pass Screening</i></b>	<i>(from Screening section)</i>
<b>No Documented Hearing Loss</b>	
<b><i>Total with No Hearing Loss</i></b>	
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	
<b>Documented Permanent Identified (ID) Hearing Loss</b>	
<b><i>Total Hearing Loss</i></b>	<i>(automatically calculated)*</i>
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	

<b>No Documented Diagnosis / Undetermined</b>	
<b>Total with No Diagnosis</b>	<i>(automatically calculated)*</i>
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	
<b>Total Not Pass</b>	<i>(automatically calculated)*</i>

**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.

<b>Hearing Loss not included in above "Permanent Identified (ID) Hearing Loss" (e.g., Cases of permanent late onset hearing loss)</b>	
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	
<b>Total Cases of Hearing Loss (not included above)</b>	<i>(automatically calculated)*</i>
<b>Documented Cases of <u>Non</u>-Permanent ID Hearing Loss</b>	
Cases of non-permanent, transient hearing loss ID	

Hearing Screening	Diagnostic	<b>Intervention</b>	Type/Severity	Finalize
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**Calculate Totals** *(yellow fields)*

<b>2009 Documented Intervention Data</b>	
<b>Data Item</b>	<b>Value</b>
<b>Total Cases Hearing Loss</b>	<i>(from Diagnostic section)</i>
<b>Referrals to Part C Early Intervention (EI)</b>	
<b>Total Referrals to Part C EI</b>	<i>(automatically calculated)*</i>
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	
<b>Total Referred, Not Referred, and Unknown</b>	<i>(automatically calculated)*</i>
<b>Enrolled in Part C Early Intervention (EI)</b>	
<b>Total Enrolled in Part C EI</b>	<i>(automatically calculated)*</i>
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	
<b>Monitoring Services</b>	
Receiving Only Monitoring Services	
<b>Receiving <u>ONLY</u> Intervention Services from Non Part C EI</b>	
<b>Total Services from Non-Part C EI services Only</b>	<i>(automatically calculated)*</i>
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	
<b>No Intervention Services</b>	
<b>Total No Services</b>	<i>(automatically calculated)*</i>
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	
<b>Total Intervention &amp; No Services</b>	<i>(automatically calculated)*</i>

<b>Cases of Hearing Loss not included in the above "Intervention" Section (e.g., Cases of late onset hearing loss)</b>	
<b>Hearing Loss Not included in above "Total Hearing Loss"</b>	<i>(From Diagnostics Section)</i>
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
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Total Cases of Permanent Hearing Loss	<i>(from Diagnostic section of Part 1)</i>
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Calculate Totals *(yellow fields)*

		BILATERAL			UNILATERAL			LATERALITY UNKNOWN <i>(for CASES where it is unknown if the loss is unilateral or bilateral)</i>
		RIGHT EAR	LEFT EAR	UNKNOWN EAR <i>(Note: record degree of loss for each ear)</i>	RIGHT EAR	LEFT EAR	UNKNOWN EAR	
<b>C</b> Sensorineural	Mild							
	Moderate							
	Severe							
	Profound							
	Unknown							
<b>C</b>	Mild							

<b>Conductive</b>	Moderate								
	Severe								
	Unknown Severity								
<b>Mixed</b>	Mild								
	Moderate								
	Severe								
	Profound								
	Unknown Severity								
<b>Type Unknown</b>	Mild								
	Moderate								
	Severe								
	Profound								
	Unknown Severity								
<b>Auditory Neuropathy</b>	Mild								
	Moderate								
	Severe								
	Profound								
	Unknown Severity								
	<b>Totals by Ear*</b>	0	0	0	0	0	0	0	0
	<b>Totals by Child</b>								

**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		Total	Total
	Total Births	Pass	Pass Before 1 Month	Not Pass	Not Pass Before 1 Month	Hearing	Hearing Before 3 Months	Hearing Loss	Loss Before 3 Months	Enrolled in Part C EI*	Enrolled in Part C EI* Before 6 Months	Services <i>Non-Part C EI*</i>	Services <i>Non-Part C EI* Before 3 Months</i>
<b>Totals</b> (from Part 1)													
<b>Sex</b>													
Male													
Female													
Unknown													
<i>Totals (auto calculated)</i>													
<b>Maternal Age</b>													
<15 years													
15-19 years													
20 – 24 years													
25-34 years													
35 – 50 years													
> 50 years													
Unknown													
<i>Totals (auto calculated)</i>													
<b>Mothers Education</b>													
Less than High School													
High School Graduate or GED													
Some College or AA/AS degree													
College Graduate or above													
Unknown													

Totals (auto calculated)													
<b>Maternal Ethnicity</b>													
Hispanic or Latino													
Not Hispanic or Latino													
Unknown													
Totals (auto calculated)													
<b>Maternal Race<sup>†</sup></b>													
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													
<i>Totals (auto calculated)</i>													

**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**