**Early Hearing Detection and Intervention**

**Hearing Screening and Follow-up Survey**

**Reinstatement with Change**

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**Attachment 4B:**

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



To navigate through the survey use the menu bar located near the top of each survey page and click on the desired section (e.g.,

Diagnostic).

Public reporting burden of this collection of information is estimated to average 10 minutes, 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 (0920-0010).

|  |  |
| --- | --- |
| **2015 Documented Hearing Screening Data** |  |
| **Total Occurrent Births** |  |
| Total Occurrent Births According to Vital Records |  |
| **Optional:** Total Occurrent Births at Military Facilities According to Vital Records  *(Leave this field blank and enter “None” in the cell below if there are no military hospitals)* |  |
| Please indicate if **Optional**question aboveis **None** |  |
| **Optional:**Total OccurrentHomebirths |  |
| **Overall Screening Results (Final / Most Recent)** |  |
| **Total Documented as Screened** |  |
|  |  |
| Total Pass (most recent / final screen) |  |
| Pass Before 1 Month of Age |  |
|  |  |
| Total Not Pass (most recent / final screen) |  |
| Not Pass Before 1 Month of Age |  |
| **Screening Results** |  |
| Missed initial / Refer outpatient |  |
| Missed initial / Passed outpatient |  |
| Pass initial OR Pass initial & Pass outpatient |  |
| Refer initial / straight to diagnostic evaluation (including one-stage programs) |  |
| Refer initial / Pass outpatient |  |
| Refer initial / Refer outpatient |  |
| Refer initial / Missed outpatient |  |
| *Total Pass* | *0* |
| *Total Not Pass* | *0* |
| **No Documented Hearing Screening\*** |  |
| **Total Documented as Not Screened** |  |
| Infant Died |  |
| Non-resident |  |
| Unable to be Screened due to Medical Reasons |  |
| Parents / Family Declined Services |  |
| Infant Transferred and No Documentation of Screening |  |
| Infant Adopted |  |
| Homebirths |  |
| Parents / Family Contacted but Unresponsive |  |
| Unable to Contact |  |
| Unknown |  |
| Other |  |
| **Total Occurrent Births (automatically calculated)\*\*** | 0 |
|  |  |
| **Notes:** |  |
| \* | This applies to one-stage and two-stage protocol sections. |
| \*\* | The value for “***Total Occurrent Births*** (automatically calculated)” must match the value listed for “***Total Occurrent Births***” at the top of this page. If there is any difference you will receive an error message. |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2014 Documented Diagnostic Data** | | | | | | | | | | |
| **Total Not Pass Screening** | | | | | | | 0 | | | |
| **No Documented Hearing Loss** | | | | | | | | | | |
| **Total with No Hearing Loss** | | | | | | | 0 | | | |
| No Hearing Loss Before 3 Months of Age | | | | | | |  | | | |
| **Documented Permanent Identified (ID) Hearing Loss** | | | | | | | | | | |
| **Total Hearing Loss** | | | | | | | 0 | | | |
| Hearing Loss ID Before 3 Months of Age | | | | | | |  | | | |
| **No Documented Diagnosis / Undetermined** | | | | | | | | | | |
| **Total with No Diagnosis** | | | | | | | 0 | | | |
| Audiologic Diagnosis in Process (Awaiting Diagnosis) ***Requirement:*** *Only infants seen at least one time and have a follow-up appointment scheduled* | | | | | | |  | | | |
| PCP/ENT did not Refer Infant for Diagnostic Testing | | | | | | |  | | | |
| Infant Died | | | | | | |  | | | |
| Non-resident | | | | | | |  | | | |
| Unable to Receive Diagnostic Testing due to Medical Reasons | | | | | | |  | | | |
| Parents / Family Declined Services | | | | | | |  | | | |
| Moved Out of Jurisdiction | | | | | | |  | | | |
|  |  |  |  |  |  | Infant Adopted |  |  |  |  |
|  |  |  |  |  |  | Homebirths |  |  |  |  |
| Parent / Family Contacted but Unresponsive | | | | | | |  | | | |
| **Please use this dropdown box to indicate the Unresponsive Definition Used\*** | | | | | | |  | | | |
| Unable to Contact | | | | | | |  | | | |
|  |  |  |  |  |  | Unknown |  | | | |
| Other | | | | | | |  | | | |
| **Total Diagnosed and Not Diagnosed (automatically calculated)\*\*** | | | | | | | 0 | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Notes:** |  |  |  |  |  |  |  |  |  |  |  |
| **\*** | See the HSFS Explanations document for the definitions | | | | | |  |  |  |  |  |
| \*\* | The value for “***“Total Diagnosed and Not Diagnosed*** (automatically calculated)” must match the value listed for “***Total Not Pass Screening***” at the top of this page. If there is any difference you will receive an error message. | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2014 Documented Intervention Data** | | | | | | | | | | |
| **Total Cases of Hearing Loss** | | | | | | | 0 | | | |
| **Referrals to Part C Early Intervention (EI)** | | | | | | | | | | |
| **Documented Referral Status** | | | | | | | 0 | | | |
| Referred to Part C EI | | | | | | |  | | | |
| Not Referred to Part C EI | | | | | | |  | | | |
| Unknown | | | | | | |  | | | |
| Referred to Part C EI Before Six Months of Age\* | | | | | | |  |  |  |  |
| Number Eligible for Part C EI\* | | | | | | |  | | | |
| **Total Enrolled in Part C EI** | | | | | | | | | | |
| **Total Enrolled in Part C EI** | | | | | | | 0 | | | |
|  |  |  |  |  |  | Signed IFSP Before 6 Months of Age |  |  |  |  |
|  |  |  |  |  |  | Signed IFSP After 6 Months of Age |  |  |  |  |
|  |  |  |  |  | **Receiving Part C EI Service** | |  |  |  |  |
|  |  |  |  |  |  | **Total Receiving Part C EI** | 0 |  |  |  |
|  |  |  |  |  |  | Intervention Service Received Before 6 Months of Age |  |  |  |  |
|  |  |  |  |  |  | Intervention Service Received After 6 Months of Age |  |  |  |  |
|  |  |  |  |  |  | Intervention Service Received After 6 Months of Age, Due to Family Initially Declining Services\* |  |  |  |  |
| **Monitoring Services** | | | | | | | | | | |
| Receiving Only Monitoring Services | | | | | | |  | | | |
| **Receiving ONLY Intervention Services from Non-Part C EI** | | | | | | | | | | |
| **Total from Non-Part C EI Services Only** | | | | | | | 0 | | | |
|  |  |  |  |  |  | Services Before 6 Months of Age |  |  |  |  |
|  |  |  |  |  |  | Services After 6 Months of Age |  | | | |
| **No Intervention Services** | | | | | | | | | | |
| **Total No Services** | | | | | | | 0 | | | |
| Not Eligible for Part C Services | | | | | | |  | | | |
| Infant Died | | | | | | |  | | | |
| Non-resident | | | | | | |  | | | |
|  |  |  |  |  |  | Unable to Receive EI due to Medical Reasons |  |  |  |  |
| Parents / Family Declined Services | | | | | | |  | | | |
| Moved Out of Jurisdiction | | | | | | |  | | | |
|  |  |  |  |  |  | Infant Adopted |  |  |  |  |
|  |  |  |  |  |  | Homebirths |  |  |  |  |
| Parent / Family Contacted but Unresponsive | | | | | | |  | | | |
| **Use this dropdown box to indicate the Unresponsive Definition Used\*\*** | | | | | | |  | | | |
| Unable to Contact | | | | | | |  | | | |
| Unknown | | | | | | |  | | | |
| Other | | | | | | |  | | | |
| **Total Intervention & No Services\*\*\*** | | | | | | | 0 | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Notes:** |  |  |  |  |  |  |  |  |  |  |  |
| \* | The values for “Referred to Part C EI Before Six Months of Age”, "Number Eligible for Part C EI", and "Intervention Service Received After 6 Months of Age, due to Family Initially Declining Services" are not included in any automatically calculated totals. | | | | | | | | | | |
| \*\* | See the HSFS Explanations document for the definitions | | | | | |  |  |  |  |  |
| \*\*\* | The value for “***Total Intervention & No Services***” must match the value listed for “***Total Cases Hearing Loss***” at the top of this page. If there is any difference you will receive an error message. | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Notes:** |  |  |  |  |  |  |  |  |  |  |  |
| \* | Only cases of hearing loss **not** reported in the Diagnostic Data section should be reported in the below “Hearing Loss not reported in "Documented Permanent Identified (ID) Hearing Loss” section. | | | | | | | | | | |
| \* | Only cases of hearing loss **not** reported in the Intervention Data section should be reported in the below “Cases of Hearing Loss not included in the Early Intervention (EI)" section. | | | | | | | | | | |
| \* | Only cases who did not pass hearing screening, has no confirmed diagnosis, but were enabled in early intervention services should be reported in the below "Cases enrolled in EI without a Confirmed Diagnosis" section. | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Hearing Loss Cases not reported in "Permanent Identified (ID) Hearing Loss”  (e.g., cases of late onset hearing loss)** | | | | | | | | | | |
|  | Cases of Non-permanent, Transient Hearing Loss ID | | | | | | |  | | | |
|  |  |  |  |  |  |  | Permanent Cases of Hearing Loss ID (e.g., late onset) |  |  |  |  |
|  | **Total Cases of Hearing Loss Not Included in Diagnostic Data** | | | | | | | 0 | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Cases of Hearing Loss not included in the Early Intervention (EI) (e.g., cases of late onset hearing loss)** | | | | | | | | | | |
|  | **Total Cases of Hearing Loss Not Included in Diagnostic Data** | | | | | | | 0 | | | |
|  | Total Enrolled in EI (Part C or non-Part C) | | | | | | |  | | | |
|  | No Intervention: Monitoring Only | | | | | | |  | | | |
|  |  |  |  |  |  |  | No Intervention: Unknown |  |  |  |  |
|  | No Intervention: Other | | | | | | |  | | | |
|  | **Total Cases of Hearing Loss Not Included in Early Intervention** | | | | | | | 0 | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Cases enrolled in EI without a Confirmed Diagnosis** | | | | | | | | | | |
|  | Total Enrolled in EI (Part C or non-Part C) | | | | | | |  | | | |
|  | **Total Cases Enrolled in EI without Confirmed Diagnosis** | | | | | | | 0 | | | |

***Note:*** *Please see the Instructions tab for additional instructions on completing this tab. Only report Part 2 data using either the DSHPSHWA or ASHA system – do not use both. If you do not see anything on this tab, please confirm you have selected a Type and Severity System on the Instructions Page and then use the links above to navigate to the appropriate system tab.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | ***Total Permanent Hearing Loss*** | | | | | | 0 | | |  |  |
|  |  | Did your Juristiction use different or custom dB ranges? | | | | | | No | | |  |  |
|  |  | **If custom dB ranges were used please list the categories and ranges on the "ASHA Custom dB Reported" Tab above** | | | | | | | | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **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** | Slight |  |  |  |  |  |  |  |  | |  |
|  | Mild |  |  |  |  |  |  |  |  | |  |
|  | Moderate |  |  |  |  |  |  |  |  | |  |
|  | Moderately Severe |  |  |  |  |  |  |  |  | |  |
|  | Severe |  |  |  |  |  |  |  |  | |  |
|  | Profound |  |  |  |  |  |  |  |  | |  |
|  | Unknown Severity |  |  |  |  |  |  |  |  | |  |
|  | **Conductive** | Slight |  |  |  |  |  |  |  |  | |  |
|  | Mild |  |  |  |  |  |  |  |  | |  |
|  | Moderate |  |  |  |  |  |  |  |  | |  |
|  | Moderately Severe |  |  |  |  |  |  |  |  | |  |
|  | Severe |  |  |  |  |  |  |  |  | |  |
|  | Unknown Severity |  |  |  |  |  |  |  |  | |  |
|  | **Mixed** | Slight |  |  |  |  |  |  |  |  | |  |
|  | Mild |  |  |  |  |  |  |  |  | |  |
|  | Moderate |  |  |  |  |  |  |  |  | |  |
|  | Moderately Severe |  |  |  |  |  |  |  |  | |  |
|  | Severe |  |  |  |  |  |  |  |  | |  |
|  | Profound |  |  |  |  |  |  |  |  | |  |
|  | Unknown Severity |  |  |  |  |  |  |  |  | |  |
|  | **Type Unknown** | Slight |  |  |  |  |  |  |  |  | |  |
|  | Mild |  |  |  |  |  |  |  |  | |  |
|  | Moderate |  |  |  |  |  |  |  |  | |  |
|  | Moderately Severe |  |  |  |  |  |  |  |  | |  |
|  | Severe |  |  |  |  |  |  |  |  | |  |
|  | Profound |  |  |  |  |  |  |  |  | |  |
|  | Unknown Severity |  |  |  |  |  |  |  |  | |  |
|  | **Auditory Neuropathy** | Slight |  |  |  |  |  |  |  |  | |  |
|  | Mild |  |  |  |  |  |  |  |  | |  |
|  | Moderate |  |  |  |  |  |  |  |  | |  |
|  | Moderately Severe |  |  |  |  |  |  |  |  | |  |
|  | Severe |  |  |  |  |  |  |  |  | |  |
|  | Profound |  |  |  |  |  |  |  |  | |  |
|  | Unknown Severity |  |  |  |  |  |  |  |  | |  |
|  | **Totals by Ear** | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |  |
|  | **Totals by Child** | | 0 | | 0 | | 0 | 0 | 0 | 0 | |  |
|  |  |  |  |  | Total Cases Resolved (i.e., change from hearing loss to no hearing loss) | | | |  | | |  |
|  |  |  |  |  | ***Overall Total\**** | | | | 0 | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Note:** |  |  |  |  |  |  |  |  |  |  |  |
| \* | The “***Overall Total***” must match the value listed for “***Total Permanent Hearing Loss***” at the top of this page (and taken from the Part 1 Diagnostics section). | | | | | | | | | | |

***Note:*** *If your Jurisdiction uses different dB ranges, please select the "Yes" option on the "ASHA System" Tab and list the ranges that are used. If different categories are used to classify hearing loss, please list those categories and their corresponding dB ranges below.*

|  |  |  |  |
| --- | --- | --- | --- |
| ASHA Categories | Hearing Loss Range (dB HL) | Custom Categories | Custom Ranges (dB HL) |
| Normal | (-) 10 to 15 |  |  |
| Slight | 16 to 25 |  |  |
| Mild | 26 to 40 |  |  |
| Moderate | 41 to 55 |  |  |
| Moderately Severe | 56 to 70 |  |  |
| Severe | 71 to 90 |  |  |
| Profound | 91+ |  |  |

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| **Part 3: Demographics** | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Note:** Please see the Instructions tab for additional instructions on completing this tab. | | | | | | | |
|  |  |  |  |  |  |  |  |
|  |  | **Screening** | | | **Diagnostics** | | **Intervention** |
|  |  | **Total Occurrent Births** | **Total Pass** | **Total Not Pass** | **Normal Hearing** | **Hearing Loss** | **Total Enrolled in Part C EI** |
| ***Totals (from Part 1)*** | | 0 | 0 | 0 | 0 | 0 | 0 |
| **Sex** | | | | | | | |
| Male | |  |  |  |  |  |  |
| Female | |  |  |  |  |  |  |
| Unknown | |  |  |  |  |  |  |
| ***Totals (automatically calculated)\**** | | 0 | 0 | 0 | 0 | 0 | 0 |
| **Maternal Age** | | | | | | | |
| <15 years | |  |  |  |  |  |  |
| 15-19 years | |  |  |  |  |  |  |
| 20 – 24 years | |  |  |  |  |  |  |
| 25-34 years | |  |  |  |  |  |  |
| 35 – 50 years | |  |  |  |  |  |  |
| > 50 years | |  |  |  |  |  |  |
| Unknown | |  |  |  |  |  |  |
| ***Totals (automatically calculated)\**** | | 0 | 0 | 0 | 0 | 0 | 0 |
| **Mothers Education** | | | | | | | |
| Less than High School | |  |  |  |  |  |  |
| High School Graduate or GED | |  |  |  |  |  |  |
| Some College or AA/AS degree | |  |  |  |  |  |  |
| College Graduate or above | |  |  |  |  |  |  |
| Unknown | |  |  |  |  |  |  |
| ***Totals (automatically calculated)\**** | | 0 | 0 | 0 | 0 | 0 | 0 |
| **Maternal Ethnicity** | | | | | | | |
| Hispanic or Latino | |  |  |  |  |  |  |
| Not Hispanic or Latino | |  |  |  |  |  |  |
| Unknown | |  |  |  |  |  |  |
| ***Totals (automatically calculated)\**** | | 0 | 0 | 0 | 0 | 0 | 0 |
| **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 (automatically calculated)\**** | | 0 | 0 | 0 | 0 | 0 | 0 |

**Notes:**

|  |  |
| --- | --- |
| \* | The value for “***Totals*** (automatically calculated)” must match the value listed for “***Total*** ” count at the top of this page. If there is any difference you will receive an error message. Please see the red cells that do not match. |
|  | The red shading indicates an error. Please enter the correct numbers in the yellow field to correct the errors. |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Final** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Comments:** | |  |  |  |  |  |  |  |  |  |  |
| Please use this section to enter any comments and/or caveats about the reported data (2,500 character limit). | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **Check for Errors:** | | | | | | | | | | | |
| Please refer to the list below to check for outstanding errors in the survey. If there are any red fields, please navigate to the appropriate tab and fix the error before submitting. | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Part 1: Screening** | | **No errors** | | **Error: "Total Occurent Births" fields don't match. Please go to Screening tab to resolve the error.** | | | | | | |
|  | **Part 1: Diagnostic** | | **No errors** | | **Error: "Total Not Pass" fields don't match. Please go to Diagnostic tab to reslove the error.** | | | | | | |
|  | **Part 1: Intervention** | | **No errors** | |  | | | | | | |
|  | **Part 2: DSHPSHWA** | | **No errors** | |  | | | | | | |
|  | **Part 2: ASHA** | | **No errors** | | **Error: "Overall Total" field doesn't match "Total Permanent Hearing Loss" field. Please go to ASHA tab to resolve the error.** | | | | | | |
|  | **Part 3: Demographics** | | **No errors** | |  | | | | | | |