

Early Hearing Detection and Intervention Hearing Screening and Follow-up Survey

Reinstatement with Change

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Attachment 4C

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

Parts 1:

Screening Diagnosis and Intervention

Burden Notice: 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)**

2011 Screening and Follow-up Survey (OMB No. 0920-0733)

Hearing Screening Diagnostic Intervention Type Severity Finalize

Please do not use the ENTER key (it will take you back to the start of the survey) and please do not include any commas with the data you enter (it will stop you from submitting the survey).

Calculate Totals (-)

2011 Documented Hearing Screening Data	
Data Item	Value (Fields in Yellow autocalculate)
Total Occurrent Births	0
Total Occurrent Births Reported by Vital Records	0
Optional: Total Occurrent Births at Military Facilities According to Vital Records ("none" if there are no military hospitals)	none
Optional: Total Occurrent Births at Military Facilities with Hearing Results Reported to the EHDI Program ("none" if there are no military hospitals)	none
Hearing Screening	
Total Documented as Screened	0
Total Documented as Not Screened	0
Infant Died	0
Parents / Family Declined Services	0
Missed	0
Unknown	0
Passed (final screen)	
Total Pass	0
Pass Before 1 Month of Age	0
Pass After 1 month but Before 3 Months of Age	0
Pass After 3 Months of Age	0
Pass: Age Unknown	0
Not Passed (final screen)	
Total Not Pass	0
Not Pass Before 1 Month of Age	0
Not Pass After 1 month but Before 3 Months of Age	0
Not Pass After 3 Months of Age	0
Not Pass : Age Unknown	0
Optional: Inpatient (IP) / Outpatient (OP) Screening Protocol Only	
Not Pass IP Screen and did <u>not</u> Receive an OP Screen*	0
Total Occurant Births (automatically calculated)*	0

Notes*

- The field "Not Pass IP screen and did not Receive an OP Screen" is not included in the calculation of "Total Occurant Births (automatically calculated)*"

2011 Screening and Follow-up Survey (OMB No. 0920-0733)

[Hearing Screening](#)
[Diagnostic](#)
[Intervention](#)
[Type Severity](#)
[Finalize](#)

Please do not use the ENTER key (it will take you back to the start of the survey) and please do not include any commas with the data you enter (it will stop you from submitting the survey).

[Calculate Totals \(-\)](#)

2011 Documented Diagnostic Data	
Data Item	Value (Fields in Yellow autocalculate)
Total Not Pass Screening (from Screening section)	0
No Documented Hearing Loss	
Total with No Hearing Loss	0
No Hearing Loss Before 3 Months of Age	0
No Hearing Loss After 3 Months but Before 6 Months of Age	0
No Hearing Loss After 6 Months of Age	0
No Hearing Loss Documented: Age Unknown	0
Documented Permanent Identified (ID) Hearing Loss	
Total Hearing Loss	0
Hearing Loss ID: Before 3 Months of Age	0
Hearing Loss ID After 3 Months but Before 6 Months of Age	0
Hearing Loss ID After 6 Months of Age	0
Hearing Loss ID: Age Unknown	0
No Documented Diagnosis / Undetermined	
Total with No Diagnosis	0
Audiologic Diagnosis in Process (Awaiting Diagnosis)	0
Non-resident or Moved Out of Jurisdiction	0
Infant Died	0
Parents/Family Declined Services	0
Parent / Family Contacted but Unresponsive	0
Unable to Contact	0
Unknown	0
Total Not Pass (automatically calculated)*	0

Optional: Documented Cases of <u>Non-Permanent ID</u> Hearing Losses	
Cases of non-permanent, transient hearing loss ID	0

Notes*

- The value for ***Total Not Pass (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.
- Only cases of hearing loss not reported in the above Diagnostics section should be

2011 Screening and Follow-up Survey (OMB No. 0920-0733)

Hearing Screening Diagnostic **Intervention** Type Severity Finalize

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Calculate Totals (+)

2011 Documented Intervention Data	
Data Item	Value (Fields in Yellow autocalculate)
Total Cases Hearing Loss (From Diagnostic section)	0
Referrals to Part C Early Intervention (EI)	
Total Referrals to Part C EI	0
Referred and Eligible for Part C EI	0
Referred and Not Eligible for Part C EI	0
Referred but Eligibility Unknown	0
Not Referred to Part C EI and Unknown	0
<i>Optional: Referred to Part C EI Before Six Months of Age</i>	Unknown
Total Referred, Not Referred, and Unknown (automatically calculated)	0
Enrolled in Part C Early Intervention (EI)	
Total Enrolled in Part C EI	0
Enrolled Before 6 Months of Age	0
Enrolled After 6 Months but Before 12 Months of Age	0
Enrolled After 12 Months of Age	0
Enrolled: Age Unknown	0
Monitoring Services	
Receiving Only Monitoring Services	0
Receiving ONLY Intervention Services from Non Part C EI	
Total Services from Non-Part C EI services Only	0
Services Before 6 Months of Age	0
Services After 6 Months but Before 12 Months of Age	0
Services After 12 Months of Age	0
Services: Age unknown	0
No Intervention Services	
Total No Services	0
Not Eligible for Services	0
Infant Died	0
Parents / Family Declined Services	0
Non-resident or Moved Out of Jurisdiction	0
Parent / Family Contacted but Unresponsive	0
Unable to Contact	0
Unknown	0
Total Intervention & No Services (automatically calculated)*	0

Notes*

- The value for "Total Intervention & No Services" must match the value

Part 2 : Type and Severity

DSHPSHWA System
&
ASHSA System

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Hearing Screening Diagnostic Intervention Type Severity Finalize

Please do not use the ENTER key (it will take you back to the start of the survey) and please do not include any commas with the data you enter (it will stop you from submitting the survey).

Calculate Totals (X)

DSHPSHWA System

Total Permanent Hearing Loss (from Part 1 Diagnostic section) 0

	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	
Sensorineural							
Mild	0	0	0	0	0	0	0
Moderate	0	0	0	0	0	0	0
Severe	0	0	0	0	0	0	0
Profound	0	0	0	0	0	0	0
Unknown Severity	0	0	0	0	0	0	0
Conductive							
Mild	0	0	0	0	0	0	0
Moderate	0	0	0	0	0	0	0
Severe	0	0	0	0	0	0	0
Unknown Severity	0	0	0	0	0	0	0
Mixed							
Mild	0	0	0	0	0	0	0
Moderate	0	0	0	0	0	0	0
Severe	0	0	0	0	0	0	0
Profound	0	0	0	0	0	0	0
Unknown Severity	0	0	0	0	0	0	0
Type Unknown							
Mild	0	0	0	0	0	0	0
Moderate	0	0	0	0	0	0	0
Severe	0	0	0	0	0	0	0
Profound	0	0	0	0	0	0	0
Unknown Severity	0	0	0	0	0	0	0
Auditory Neuropathy							
Mild	0	0	0	0	0	0	0
Moderate	0	0	0	0	0	0	0
Severe	0	0	0	0	0	0	0
Profound	0	0	0	0	0	0	0
Unknown Severity	0	0	0	0	0	0	0
Totals by Ear	0	0	0	0	0	0	0
Totals by Child	0		0	0	0	0	0
Total Cases Resolved <i>(i.e., change from hearing loss to no hearing loss)</i>							0
Overall Total*							0

2011 Screening and Follow-up Survey (OMB No. 0920-0733)

[Hearing Screening](#) |
 [Diagnostic](#) |
 [Intervention](#) |
 [Type/Severity](#) |
 [Finalize](#)

Please do not use the ENTER key (it will take you back to the start of the survey) and please do not include any commas with the date you enter (it will stop you from submitting the survey).

[Calculate Totals \(2\)](#)

ASHA System

Total Permanent Hearing Loss (from Part 1 Diagnostic section) 0

	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	0	0	0	0	0	0	0
Mild	0	0	0	0	0	0	0
Moderate	0	0	0	0	0	0	0
Moderately Severe	0	0	0	0	0	0	0
Severe	0	0	0	0	0	0	0
Profound	0	0	0	0	0	0	0
Unknown Severity	0	0	0	0	0	0	0
Conductive							
Slight	0	0	0	0	0	0	0
Mild	0	0	0	0	0	0	0
Moderate	0	0	0	0	0	0	0
Moderately severe	0	0	0	0	0	0	0
Severe	0	0	0	0	0	0	0
Unknown Severity	0	0	0	0	0	0	0
Mixed							
Slight	0	0	0	0	0	0	0
Mild	0	0	0	0	0	0	0
Moderate	0	0	0	0	0	0	0
Moderately severe	0	0	0	0	0	0	0
Severe	0	0	0	0	0	0	0
Profound	0	0	0	0	0	0	0
Unknown Severity	0	0	0	0	0	0	0
Type Unknown							
Slight	0	0	0	0	0	0	0
Mild	0	0	0	0	0	0	0
Moderate	0	0	0	0	0	0	0
Moderately severe	0	0	0	0	0	0	0
Severe	0	0	0	0	0	0	0
Profound	0	0	0	0	0	0	0
Unknown Severity	0	0	0	0	0	0	0
Auditory Neuropathy							
Slight	0	0	0	0	0	0	0
Mild	0	0	0	0	0	0	0
Moderate	0	0	0	0	0	0	0
Moderately severe	0	0	0	0	0	0	0
Severe	0	0	0	0	0	0	0
Profound	0	0	0	0	0	0	0
Unknown Severity	0	0	0	0	0	0	0
Totals by Ear	0	0	0	0	0	0	0
Totals by Child	0			0			0
							Total Cases Resolved (i.e., change from hearing loss to no hearing loss)
							0
							Overall Total*
							0

2011 Screening and Follow-up Survey (OMB No. 0920-0733)

Please do not use the ENTER key (it will take you back to the start of the survey) and please do not include any commas with the data you enter (it will stop you from submitting the survey).

Dear Respondent:

Thank you for completing Parts 1 and 2 of this survey. Before submitting this data you will need to enter your contact information below.

- The contact information must be completed **before** the survey can be submitted or any changes made to the data.
- Once submitted, you will **not** be able to change any of the data reported in this survey.
- Parts 1 and 2 of this survey can be submitted by using the "Submit Survey" button at the bottom of this page.
- Please do not include any commas with the data you enter (it will stop you from submitting the survey).

Contact Information

Name	<input type="text"/>
E-mail	<input type="text"/>
Confirm E-mail	<input type="text"/>
State/Territory	Alaska <input type="button" value="v"/>
Comments (2500 character limit)	<input type="text"/>
<input type="button" value="Submit Survey"/>	

Part 3: Demographics

Enter Email Address as specified in Parts 1 & 2: [Begin Survey \(Part 3\)](#)

2011 CDC EHDI Hearing Screening and Follow-up Survey (HSFS)

Directions

Please complete the following survey with only **documented, non-estimated** data for infants born between *January 1, 2011 and December 31, 2011*. Any comments and/or caveats about the reported data can be entered in the Comments section at the end of the survey. If you have any questions about this survey please refer to the explanations document or contact Marcus Gaffney at: MGaffney@cdc.gov / (404) 498-3031.

[Survey Explanations](#)

Survey Notes

- The survey is divided into three parts, which each have several different sections. These include Part 1 (Hearing Screening, Diagnostic, and Early Intervention), Part 2 (Type and Severity), and Part 3 (Demographics). Part 3 can only be completed after Parts 1 and 2 have been submitted.
- Data cannot be manually entered into fields highlighted in **yellow**. The totals for these yellow fields will be automatically calculated based on the data entered into the non-highlighted fields. These calculated values will appear in the yellow boxes after selecting the "Calculate Totals" button near the top of each survey page.
- 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).

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2011 Screening and Follow-up Survey (OMB No. 0920-0733)

[Screening Demographics](#)
[Diagnostic Demographics](#)
[Intervention Demographics](#)
[Finalize](#)

Please do not use the ENTER key (it will take you back to the start of the survey) and please do not include any commas with the data you enter (it will stop you from submitting the survey).

[Refresh Totals \(*\)](#)

Note: The total for each Demographic category has to equal the total from Part 1 (shown at the top of each column). If the totals do not match you will see a red asterisk by the total and will not be able to proceed with the survey. Click the "Refresh Totals" button at the top to check that all the totals match.

Screening					
	Total Occurrent Births	Total Pass	Total Pass Before 1 Month	Total Not Pass	Total Not Pass Before 1 Month
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					
American Indian or Alaska Native					
Asian					
Black or African American (Hispanic)					
Black or African American (Ethnicity Unknown)					
Native Hawaiian or Other Pacific Islander					
White (Hispanic)					
White (Not Hispanic)					
White (Ethnicity Unknown)					
Refused					
Unknown					
Totals (auto calculated)					

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Screening Demographics Diagnostic Demographics Intervention Demographics Finalize

Please do not use the ENTER key (it will take you back to the start of the survey) and please do not include any commas with the data you enter (it will stop you from submitting the survey).

Refresh Totals (+)

Note: The total for each Demographic category has to equal the total from Part 1 (shown at the top of each column). If the totals do not match you will see a red asterisk by the total and will not be able to proceed with the survey. Click the "Refresh Totals" button at the top to check that all the totals match.

Diagnostics				
	Normal Hearing	Normal Hearing Before 3 Months	Hearing Loss	Hearing Loss Before 3 Months
Totals <i>(from Part 1)</i>				
Sex				
Male				
Female				
Unknown				
<i>Totals (auto calculated)</i>				
Maternal Age				
<15 years				
15-19 years				
20 - 24 years				
25-34 years				
35 - 50 years				
> 50 years				
Unknown				
<i>Totals (auto calculated)</i>				
Mothers Education				
Less than High School				
High School Graduate or GED				
Some College or AA/AS degree				
College Graduate or above				
Unknown				
<i>Totals (auto calculated)</i>				
Maternal Ethnicity				
Hispanic or Latino				
Not Hispanic or Latino				
Unknown				
<i>Totals (auto calculated)</i>				
Maternal Race				
American Indian or Alaska Native				
Asian				
Black or African American (Hispanic)				
Black or African American (Ethnicity Unknown)				
Native Hawaiian or Other Pacific Islander				
White (Hispanic)				
White (Not Hispanic)				
White (Ethnicity Unknown)				
Refused				
Unknown				
<i>Totals (auto calculated)</i>				

2011 Screening and Follow-up Survey (OMB No. 0920-0733)

Screening Demographics Diagnostic Demographics **Intervention Demographics** Finalize

Please do not use the ENTER key (it will take you back to the start of the survey) and please do not include any commas with the data you enter (it will stop you from submitting the survey).

Refresh Totals (+)

Note: The total for each Demographic category has to equal the total from Part 1 (shown at the top of each column). If the totals do not match you will see a red asterisk by the total and will not be able to proceed with the survey. Click the "Refresh Totals" button at the top to check that all the totals match.

Intervention				
	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 6 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 AAJAS degree				
College Graduate or above				
Unknown				
Totals (auto calculated)				
Maternal Ethnicity				
Hispanic or Latino				
Not Hispanic or Latino				
Unknown				
Totals (auto calculated)				
Maternal Race				
American Indian or Alaska Native				
Asian				
Black or African American (Hispanic)				
Black or African American (Ethnicity Unknown)				
Native Hawaiian or Other Pacific Islander				
White (Hispanic)				
White (Not Hispanic)				
White (Ethnicity Unknown)				
Refused				
Unknown				
Totals (auto calculated)				

2011 Screening and Follow-up Survey (OMB No. 0920-0733)

Screening Demographics Diagnostic Demographics Intervention Demographics **Finalize**

*Please do not use the ENTER key (it will take you back to the start of the survey)
and please do not include any commas with the data you enter (it will stop you from submitting the survey).*

Dear Marcus

State/Territory: NH

Thank you for completing Part 3 of this survey.

- Once this survey is submitted, you will **not** be able to change any of the data reported in this survey. Please review the answers to ensure their accuracy before submitting.
- If one or more of the values is incorrect please go back to the appropriate section (e.g., Screening Demographics) and enter the corrected data.
- The total for each Demographic category has to equal the corresponding total from Part 1 displayed in the top column of each page. If the totals do not match you will see a **red asterisk** by the total.
- Click the 'Refresh Totals' button at the top of a page to check that all the totals match once an update is made.
- This survey can be submitted by using "Submit Survey" button at the bottom of this page. Before submitting this data you may enter any comments below.
- Please do not include any commas with the data you enter (it will stop you from submitting the survey).

Comments (2500 character limit)

Submit Survey