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## 2013 CDC EHDI Hearing Screening and Follow-up Survey (HSFS)\*

**Note:** Please select the Type and Severity system that was used to classify cases of permanent hearing loss for infants born in calendar year 2013 before clicking the "Begin Survey" button. You will not be able to begin the survey until you select either the "ASHA" or "DSHPSHWA" option

Please select type and severity system first!

- ASHA system  DSHPSHWA system

### Directions

Please complete the following survey with only **documented, non-estimated** data for infants born between **January 1, 2013 and December 31, 2013**. 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 Tonya Williams at: [TWilliams10@cdc.gov](mailto:TWilliams10@cdc.gov) / (404) 498-3026.

### 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).

**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)**

**Note\*:** This document is intended for informational purposes only. While this document closely resembles the online HSFS there are some formatting differences.

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

Calculate Totals (yellow fields)

2013 Documented Hearing Screening Data	
<b>Total Occurrent Births</b>	
Total Occurrent Births According to Vital Records	
<b>Optional: Number of infants in the NICU &gt;30 days?</b>	
<b>Optional: Total Occurrent Births at Military Facilities According to Vital Records (enter "none" if there are no military hospitals)</b>	
<b>Optional: Total Occurrent Births at Military Facilities with Hearing Screening Results Reported to the EHDI Program (enter "none" if there are no military hospitals)</b>	
<b>Hearing Screening</b>	
<b>Total Documented as Screened</b>	<i>(automatically calculated)</i>
<b>Passed (most recent/final screen)</b>	
<b>Total Pass</b>	<i>(automatically calculated)</i>
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>Optional: NICU Infants (&gt;30 days): Pass</b>	
<b>Not Passed (most recent/final screen)</b>	
<b>Total Not Pass</b>	<i>(automatically calculated)</i>
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>Optional: NICU Infants (&gt;30 days): Not Pass</b>	
<b>Optional: Inpatient (IP) /Outpatient (OP) Screening Protocol Only</b>	
Not Pass IP screen and did <u>not</u> Receive an OP Screen	
<b>No Documented Hearing Screening</b>	
<b>Total Documented as Not Screened</b>	<i>(automatically calculated)</i>
Infant Died	
Non-resident	
Unable to be Screened due to Medical Reasons	
Parents / Family Declined Services	
Infant Transferred and No Documentation of Screening	
Missed	
Unknown	
<b>Total Occurrent Births*</b>	<i>(automatically calculated)</i>

### Notes\*

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

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

<b>2013 Documented Diagnostic Data</b>	
<b>Total Not Pass Screening</b>	<i>(from Screening section)</i>
<b>No Documented Hearing Loss</b>	
<b>Total with No Hearing Loss</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>Total Hearing Loss</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) <b>Requirement:</b> Only infants seen at least one time and have a follow-up appointment scheduled	
Non-resident	
Moved Out of Jurisdiction	
Infant Died	
Unable to Receive Diagnostic Testing due to Medical Reasons	
PCP did not Refer Infant for Diagnostic Testing	
Parents / Family Declined Services	
Parent / Family Contacted but Unresponsive	
Unable to Contact	
Unknown	
<b>Total Not Pass*</b>	<i>(automatically calculated)</i>

<b>Optional: Other Documented Cases of ID Hearing Loss</b>	
Cases of non-permanent, transient hearing loss ID	
Permanent cases of hearing loss among infants reported as Non-Residents	
Permanent cases of hearing loss among infants that are residents but were born in a different jurisdiction	

**Note\***

- 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.

Calculate Totals (yellow fields)

2013 Documented Intervention Data	
<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>Optional:</b> Referred to Part C EI Before Six Months of Age	
<b>Total Referred, Not Referred, and Unknown</b>	<i>(automatically calculated)</i>
<b>Enrolled in Part C EI (based on signed IFSP)</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 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 Part C Services	
Infant Died	
Parents / Family Declined Services	
Non-resident	
Moved Out of Jurisdiction	
Parent / Family Contacted but Unresponsive	
Unable to Contact	
Unknown	
<b>Total Intervention &amp; No Services*</b>	<i>(automatically calculated*)</i>

**Notes\***

- The value for “Referred to Part C EI Before Six Months” is not included in any *automatically calculated* totals.
- 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.

## Additional Cases Not Reported

### Notes\*

- Only cases of hearing loss not reported in the previous Diagnostics section should be reported in the below “Hearing Loss not included in above Permanent Identified (ID) Hearing Loss” section.
- Only cases of hearing loss not reported in the previous Intervention section should be reported in the below “Hearing Loss not included in above Permanent Identified (ID) Hearing Loss” section.

<b>Hearing Loss Cases not included in “Permanent Identified (ID) Hearing Loss”</b> <i>(e.g., Cases of permanent late onset hearing loss)</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>Total Cases of Hearing Loss (not included above)</b>	<i>(automatically calculated)</i>

<b>Cases of Hearing Loss not included in the “Intervention” Section</b> <i>(e.g., Cases of permanent late onset hearing loss)</i>	
<b>Total Cases of Hearing Loss (not included above)</b>	
Total Enrolled in Part C EI	
Total Services from Non-Part C EI services	
No Intervention: Monitoring Only	
No Intervention: Unknown	
<b>Hearing Loss <u>Not</u> included in above “Intervention” Section</b>	<i>(automatically calculated)</i>

## Part 2: Type and Severity of Identified Hearing Losses (By Ear) DSHPSHWA System

**Note:** Only report Part 2 data using either the DSHPSHWA or ASHA system – do not use both

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

		BILATERAL			UNILATERAL			LATERALITY UNKNOWN <small>(for Cases where it is unknown if the loss is unilateral or bilateral)</small>
		RIGHT EAR	LEFT EAR	UNKNOWN EAR <small>(Note: record degree of loss for <u>each</u> ear)</small>	RIGHT EAR	LEFT EAR	UNKNOWN EAR	
Sensorineural	Mild							
	Moderate							
	Severe							
	Profound							
	Unknown Severity							
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							
<b>Totals by Ear</b>								
<b>Totals by Child</b>								
Total Cases Resolved (i.e., change from hearing loss to no hearing loss)								
<b>Overall Total*</b>								(automatically calculated*)

**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). If there is any difference you will receive an error message.

**Part 2: Type and Severity of Identified Hearing Losses (By Ear)**  
**ASHA System**

**Note:** Only report Part 2 data using either the DSHPHWA or ASHA system – do not use both

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

		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 <u>each</u> ear)</i>	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							

<b>Auditory Neuropathy</b>	Slight								
	Mild								
	Moderate								
	Moderately Severe								
	Severe								
	Profound								
	Unknown Severity								
<b>Totals by Ear</b>									
<b>Totals by Child</b>									
Total Cases Resolved ( <i>i.e., change from hearing loss to no hearing loss</i> )									
<b>Overall Total*</b>									<i>(automatically calculated*)</i>

**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). If there is any difference you will receive an error message.





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

**Dear Respondent:**

Thank you for completing 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	
<b>Name</b>	
<b>E-mail</b>	
<b>Confirm E-mail</b>	
<b>State/Territory</b>	
<b>Comments</b> (2,500 Character Limit)	
<div style="background-color: red; color: white; padding: 5px 20px; display: inline-block; border: 1px solid black;"> <b>Submit Survey</b> </div>	