

**2014 CDC EHDI
 Hearing Screening and Follow-up Survey (HSFS)***

Contact Information	
Name	
E-mail	
Confirm E-mail	
State/Territory	

Note: Please select the Type and Severity system that was used to classify cases of permanent hearing loss for infants born in calendar year 2014 by clicking the orange box below and using the dropdown menu for your selection. You will not be able to complete the survey until you select either the "ASHA" or "DSHPSHWA" option.

ASHA system

The following navigation bar is available on all worksheets. The underlined tab indicates the current sheet. Click on a tab to jump to the corresponding sheet.

<u>Instructions</u>	Part 1: Screening, Diagnostic, and Intervention Data	Part 2: Type and Severity of Hearing Losses	Part 3: Demographics	Final
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Directions:

Please complete the following survey with only documented, non-estimated data for infants born between January 1, 2014 and December 31, 2014. Any comments and/or caveats about the reported data can be entered in the Final section at the end of the survey. If you have any questions about this survey please refer to the explanations document or contact Suhana Alam at: SAlam1@cdc.gov.

Survey Notes:

The survey is divided into three parts, which each having several different sections. These include Part 1 (Hearing Screening, Diagnostic, and Early Intervention), Part 2 (Type and Severity), and Part 3 (Demographics). Each part should be completed before the next one can be started.

Data cannot be manually entered into fields highlighted in **light green**. The totals for these green fields will be automatically calculated based on the data entered into the **yellow-highlighted** fields.

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).

2014 Documented Hearing Screening Data	
Total Occurrent Births	
Total Occurrent Births According to Vital Records	
Optional: Number of infants in the NICU >30 days	
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 above is None	
Optional: Total Occurrent Births at Military Facilities with Hearing Screening Results Reported to the EHDI Program (Leave this field blank and enter "none" in the cell below if there are no military hospitals.)	
Please indicate if Optional question above is None	
Hearing Screening	
Total Documented as Screened	0
Passed (most recent/final screen)	
Total Pass	0
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	
Optional: NICU Infants (>30 days): Pass	
Not Passed (most recent/final screen)	
Total Not Pass	0
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	
Optional: NICU Infants (>30 days): Not Pass	
Optional: Inpatient (IP) /Outpatient (OP) Screening Protocol Only	
Not Pass IP screen and did not Receive an OP Screen*	
No Documented Hearing Screening	

Total Documented as Not Screened	0
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	
Total Occurrent 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 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.

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	
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	0
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	0
Audiologic Diagnosis in Process (Awaiting Diagnosis) <i>Requirement: Only infants seen at least one time and have a follow-up appointment scheduled</i>	
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	
Please use this dropdown box to indicate the Unresponsive Definition Used*	
Unable to Contact	
Unknown	
Total Diagnosed and Not Diagnosed (automatically calculated)**	0

Please select Unresponsive Definition Used

<i>Optional: Other Documented Cases of ID Hearing Loss</i>	
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	

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 Hearing Loss	0
Referrals to Part C Early Intervention (EI)	
Total Referrals to Part C EI	0
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	
Optional: Referred to Part C EI Before Six Months of Age*	
Please indicate if Optional question above is Unknown	
Total Referred, Not Referred, and Unknown	0
Enrolled in Part C EI (based on signed IFSP)	
Total Enrolled in Part C EI	0
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 from Non-Part C EI Services Only	0
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	0
Not Eligible for Part C Services	
Infant Died	
Parents / Family Declined Services	

Non-resident	
Moved Out of Jurisdiction	
Parent / Family Contacted but Unresponsive	
Use this dropdown box to indicate the Unresponsive Definition Used**	
Unable to Contact	
Unknown	
Total Intervention & No Services***	0

Please select Unresponsive Definition Used

Notes:

- * The value for "Referred to Part C EI Before Six Months" is 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 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 “Cases of Hearing Loss not included in the "Intervention" Section” section.
- * Only cases who did not pass hearing screening but were enabled in early intervention services should be reported in the below "Cases enrolled in Early Intervention services without a Confirmed Diagnosis" section.

Hearing Loss Cases not included in “Permanent Identified (ID) Hearing Loss” <i>(e.g., Cases of permanent late onset hearing loss)</i>	
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
Total Cases of Hearing Loss not included in Diagnostic Data	0

Cases of Hearing Loss not included in the “Intervention” Section <i>(e.g., Cases of permanent late onset hearing loss)</i>	
Total Cases of Hearing Loss not included in Diagnostic Data	0
Total Enrolled in Part C EI	0
Total Services from Non-Part C EI services	0
No Intervention: Monitoring Only	0
No Intervention: Unknown	0
Total Cases of Hearing Loss not included in Intervention Data	0

Cases enrolled in Early Intervention services without a Confirmed Diagnosis	
Total Enrolled in Part C EI	0
Total Services from Non-Part C EI services	0
Total Cases enrolled in EI without Confirmed Diagnosis	0

Total Permanent Hearing Loss	0
Did your Jurisdiction use different or custom dB ranges?	No

		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 <u>each</u> 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							

Printing Note: This page will print blank if ASHA System information was not selected

		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 <u>each</u> ear)		RIGHT EAR	LEFT EAR	UNKNOWN EAR	
Type Unknown	Unknown Severity								
	Slight								
	Mild								
	Moderate								
	Moderately Severe								
	Severe								
	Profound								
Auditory Neuropathy	Unknown Severity								
	Slight								
	Mild								
	Moderate								
	Moderately Severe								
	Severe								
	Profound								
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

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	

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).

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+		

	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 6 Months
Totals (from Part 1)	0	0	0	0	0	0	0	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	0	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.

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

Part 1: Diagnostic

No errors

Part 1: Intervention

No errors

Part 2: ASHA

No errors

Part 3: Demographics

No errors

Thank you for completing the survey. Please save this file and name it using the following format: "State/Territory Name 2014 EHDI HSFS.xlsx" To submit the survey to CDC, send the completed Excel file as an attachment to ehdi@cdc.gov with the subject line "CDC EHDI Survey - State/Territory Name."

Printing Instructions: In Microsoft Office 2013, select "File", "Export", "Create PDF/XPS Document" and press the button "Create PDF/XPS." Once the Publish dialog box appears, press the "Options..." button, and select the option to publish the "Entire Workbook." When you close the Options dialog, you will be prompted for a location to save the file. Microsoft Office 2007 and 2010 have similar capabilities. If you do not have access to these programs, you can select from a variety of free or paid programs that allow you to create PDF documents.