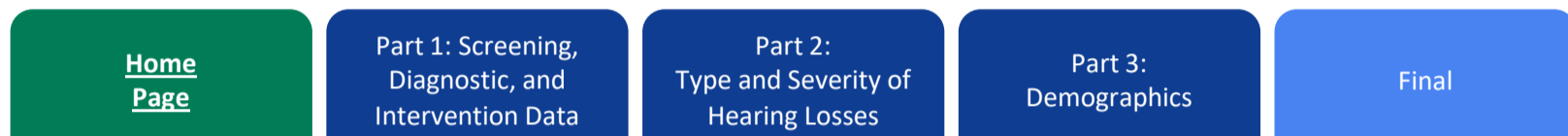


**2019 CDC EHDI  
Hearing Screening and Follow-up Survey (HSFS)**

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

*\*Please use dropdown bar to select State/Territory.*

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.



**Directions:**

Please complete the following survey with only documented, non-estimated data for infants born between January 1, 2019 and December 31, 2019. 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 Ema (SEma@cdc.gov).

**Survey Notes:**

The survey is divided into three parts, which each have several different sections. These include Part 1 (Screening, Diagnostic, and Intervention Data), Part 2 (Type and Severity of Hearing Losses), and Part 3 (Demographics).

Data cannot be manually entered into fields highlighted in **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 Data").

Part 1: Screening, Diagnostic, and Intervention Data

Screening Data

Diagnostic Data

Intervention Data

Additional Cases Not Reported

Note: Please see the Home Page Tab for additional instructions on completing this tab.

| 2019 Hearing Screening Data   |   |
|---|---|
| <b>Total Occurrent Births***</b>  |   |
| Total Occurrent Births According to Vital Records   |   |
| <b>Optional:</b> Total Occurrent Births at Military Facilities According to Vital Records |   |
| <b>Optional:</b> Total Occurrent Homebirths   |   |
| <b>Overall Documented Screening Results (Most Recent/Final Screen)</b>                    |   |
| <b>Total Documented as Screened</b>   | 0 |
| <b>Passed (most recent/final screen)</b>  |   |
| Total Passed (most recent / final screen)*  | 0 |
| Passed: Before 1 Month of Age   |   |
| Passed: After 1 Month of Age  |   |
| Passed: Age Unknown   |   |
| <b>Not Passed (most recent/final screen)</b>  |   |
| Total Not Passed (most recent / final screen)**   | 0 |
| Not Passed: Before 1 Month of Age   |   |
| Not Passed: After 1 Month of Age  |   |
| Not Passed: Age Unknown   |   |
| <b>Detailed Screening Results (if applicable)</b>   |   |
| <b>Passed (most recent/final screen)</b>  |   |
| Passed initial / No outpatient †  |   |
| No initial † / Passed outpatient  |   |
| Passed initial / Passed outpatient  |   |
| Referred initial / Passed outpatient  |   |
| <b>Total Passed (most recent/final screen)*</b>   | 0 |
| <b>Not Passed (most recent/final screen)</b>  |   |
| Referred initial / No outpatient †  |   |
| No initial † / Referred outpatient  |   |
| Passed initial / Referred outpatient  |   |
| Referred initial / Referred outpatient  |   |
| Referred initial / straight to diagnostic evaluation                                      |   |
| <b>Total Not Passed (most recent/final screen)**</b>                                      | 0 |
| <b>No Documented Screening / Undetermined (Most Recent/Final Screen)</b>                  |   |
| <b>Total Documented as Not Screened</b>   | 0 |
| Infant Died   |   |
| Non-resident/Moved Out of Jurisdiction  |   |
| Unable to be Screened due to Medical Reasons  |   |
| Parents / Family Declined Services  |   |
| Infant Transferred and No Documentation of Screening                                      |   |
| Infant Adopted  |   |
| Homebirth   |   |
| Parents / Family Contacted but Unresponsive   |   |
| <b>Please use this dropdown box to indicate the Unresponsive Definition Used †</b>        |   |
| Unable to Contact   |   |
| Unknown   |   |
| Other   |   |
| <b>Total Occurrent Births***</b>  | 0 |

Notes:

† See the HSFS Explanations document for the definitions.

‡ "No initial" includes infants who did not received an initial screening, missed an initial screening or refused an initial screening. "No outpatient" includes infants who did not received an outpatient screening, missed an outpatient screening or refused an outpatient screening.

\* The value for the "Total Passed (most recent/final screen)" field in the Overall Documented Screening Results section must match the value for the "Total Passed (most recent/final screen)" field in the Detailed Screening Results section. If there is any difference you will receive a caution message.

\*\* The value for the "Total Not Passed (most recent/final screen)" field in the Overall Documented Screening Results section must match the value for the "Total Not Passed (most recent/final screen)" field in the Detailed Screening Results section. If there is any difference you will receive a caution message.

\*\*\* The value for the "Total Occurrent Births" field at the bottom of this table must match the value reported for the "Total Occurrent Births" field at the top of this table. If there is any difference you will receive an error message. If received, please make sure to correct this error before continuing to the next section.

|                                |                                 |                                   |   |
|--------------------------------|---------------------------------|-----------------------------------|---|
| <a href="#">Screening Data</a> | <a href="#">Diagnostic Data</a> | <a href="#">Intervention Data</a> | <a href="#">Additional Cases Not Reported</a> |
|--------------------------------|---------------------------------|-----------------------------------|---|

Note: Please see the Home Page Tab for additional instructions on completing this tab.

| 2019 Diagnostic Data   |   |
|--|---|
| <b>Total Not Passed (most recent/final screen)</b>   | 0 |
| <b>Documented Diagnostics</b>  |   |
| <b>Total with Documented Diagnosis</b>   | 0 |
| <b>Diagnosed with No Hearing Loss</b>  |   |
| <b>Total with No Hearing Loss</b>  | 0 |
| <i>No Hearing Loss: Before 3 Months of Age</i>   |   |
| <i>No Hearing Loss: After 3 Months of Age</i>  |   |
| <i>No Hearing Loss: Age Unknown</i>  |   |
| <b>Diagnosed with Permanent Hearing Loss</b>   |   |
| <b>Total with Permanent Hearing Loss</b>   | 0 |
| <i>Permanent Hearing Loss: Before 3 Months of Age</i>  |   |
| <i>Permanent Hearing Loss: After 3 Months but Before 6 Months of Age</i>   |   |
| <i>Permanent Hearing Loss: After 6 Months of Age</i>   |   |
| <i>Permanent Hearing Loss: Age Unknown</i>   |   |
| <b>No Documented Diagnostics / Undetermined</b>  |   |
| <b>Total with No Documented Diagnosis</b>  | 0 |
| <i>Audiological Diagnosis in Process (Awaiting Diagnosis)<br/>Only applies to infants seen at least one time and have a follow-up appointment scheduled.</i> |   |
| <i>PCP/ENT did not Refer Infant for Diagnostic Testing</i>   |   |
| <i>Infant Died</i>   |   |
| <i>Non-resident / Moved Out of Jurisdiction</i>  |   |
| <i>Unable to Receive Diagnostic Testing due to Medical Reasons</i>   |   |
| <i>Parents / Family Declined Services</i>  |   |
| <i>Infant Adopted</i>  |   |
| <i>Parent / Family Contacted but Unresponsive</i>  |   |
| <b><i>Please use this dropdown box to indicate the Unresponsive Definition Used</i></b> <sup>†</sup>   |   |
| <i>Unable to Contact</i>   |   |
| <i>Unknown</i>   |   |
| <i>Other</i>   |   |
| <b>Total Diagnosed and Not Diagnosed</b> <sup>*</sup>  | 0 |

**Notes:**

<sup>†</sup> See the HSFS Explanations document for the definitions.

<sup>\*</sup> The value for the "Total Diagnosed and Not Diagnosed" field at the bottom of this table must match the value for the "Total Not Passed (most recent/final screen)" field at the top of this table. If there is any difference you will receive an error message. If received, please make sure to correct this error before continuing to the next section.

**Error: Please select Unresponsive Definition Used**

Note: Please see the Home Page Tab for additional instructions on completing this tab.

| <b>2019 Early Intervention (EI) Data</b>  |   |
|---|---|
| <b>Total with Permanent Hearing Loss*</b>   | 0 |
| <b>Total with Referral Status</b>   | 0 |
| Referred to Part C EI   | 0 |
| <i>Referred to Part C EI: Before 6 Months of Age</i>  |   |
| <i>Referred to Part C EI: After 6 Months of Age</i>   |   |
| <i>Referred to Part C EI: Age Unknown</i>   |   |
| Not Referred to Part C EI   |   |
| Unknown Referral Status   |   |
| <b>Documented EI Services</b>   |   |
| <b>Total Enrolled in Part C EI Services</b>   | 0 |
| Signed IFSP: Before 6 Months of Age   |   |
| Signed IFSP: After 6 Months of Age  |   |
| Signed IFSP: Age Unknown  |   |
| <b>Total Received Part C EI Services</b>  | 0 |
| Received Part C EI Services: Before 6 Months of Age   |   |
| Received Part C EI Services: After 6 Months of Age  |   |
| <i>Received Part C EI Services: After 6 Months of Age, Due to Family Initially Declining Services</i> |   |
| Received Part C EI Services: Age Unknown  |   |
| <b>Total from Non-Part C EI Services Only</b>   | 0 |
| Received Non-Part C EI Services: Before 6 Months of Age   |   |
| Received Non-Part C EI Services: After 6 Months of Age  |   |
| Received Non-Part C EI Services: Age Unknown  |   |
| <b>Monitoring Services Only</b>   |   |
| Received Only Monitoring Services   |   |
| <b>No Documented EI Services/ Undetermined</b>  |   |
| <b>Total with No Documented EI Services</b>   | 0 |
| Not Eligible for Part C Services  |   |
| Infant Died   |   |
| Non-resident / Moved Out of Jurisdiction  |   |
| Unable to Receive EI due to Medical Reasons   |   |
| Parents / Family Declined Services  |   |
| Infant Adopted  |   |
| Parent / Family Contacted but Unresponsive  |   |
| <b>Please use this dropdown box to indicate the Unresponsive Definition Used</b> †                    |   |
| Unable to Contact   |   |
| Unknown   |   |
| Other   |   |
| <b>Total with EI Services &amp; No EI Services*</b>   | 0 |

Notes:

Home  
Page

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

Part 2:  
Type and Severity of  
Hearing Losses

Part 3:  
Demographics

Final

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

[Screening Data](#)

[Diagnostic Data](#)

[Intervention Data](#)

[Additional Cases  
Not Reported](#)

Note: Please see the Home Page Tab for additional instructions on completing this tab.

## 2019 Additional Cases Not Reported

### Cases of Hearing Loss not included in the "Diagnostic Data" section\*

|   |   |
|---|---|
| <b>Total Additional Cases of Hearing Loss not included in Diagnostic Data</b> | 0 |
| Additional Cases of Non-permanent, Transient Hearing Loss                     |   |
| Additional Cases of Permanent Hearing Loss (e.g., late onset)                 |   |

### Cases of Hearing Loss not included in the "Intervention Data" section\*\*

|   |   |
|---|---|
| <b>Total Additional Cases of Hearing Loss not included in Intervention Data</b> | 0 |
| Additional Cases Enrolled in EI (Part C or non-Part C)                          |   |
| Additional Cases Not Receiving Intervention: Monitoring Only                    |   |
| Additional Cases Not Receiving Intervention: Unknown                            |   |
| Additional Cases Not Receiving Intervention: Other                              |   |

### Cases Enrolled in EI without a Confirmed Diagnosis\*\*\*

|  |  |
|--|--|
| <b>Total Additional Cases Enrolled in EI without Confirmed Diagnosis</b> |  |
|--|--|

#### Notes:

- \* Only cases of hearing loss not reported in the previous "Diagnostic Data" section should be reported in this "Cases of Hearing Loss not included in the 'Diagnostic Data'" section.
- \*\* Only cases of hearing loss not reported in the previous "Intervention Data" section should be reported in this "Cases of Hearing Loss not included in the 'Intervention Data'" section.
- \*\*\* Only cases who did not pass hearing screening, have no confirmed diagnosis, but were enrolled in early intervention services should be reported in this "Cases Enrolled in EI without a Confirmed Diagnosis" section.

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

|   |   |
|---|---|
| <b>Total Cases of Permanent Hearing Loss (from Part 1)*</b> | 0 |
|---|---|

|  |                      | BILATERAL |          |  | UNILATERAL |          |             | LATERALITY UNKNOWN<br><i>(for Cases where it is unknown if the loss is unilateral or bilateral)</i> |
|--|----------------------|-----------|----------|--|------------|----------|-------------|---|
|  |                      | RIGHT EAR | LEFT EAR | UNKNOWN EAR<br><i>(Note: record degree of loss for each 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     |           |          |  |            |          |             |   |
| Auditory Neuropathy  | Slight               |           |          |  |            |          |             |   |
|  | Mild                 |           |          |  |            |          |             |   |
|  | Moderate             |           |          |  |            |          |             |   |
|  | Moderately Severe    |           |          |  |            |          |             |   |
|  | Severe               |           |          |  |            |          |             |   |
|  | Profound             |           |          |  |            |          |             |   |
|  | Unknown Severity     |           |          |  |            |          |             |   |
|  | <b>Totals by Ear</b> | 0         | 0        | 0  | 0          | 0        | 0           | 0   |
| <b>Totals by Child</b>   | 0                    |           |          | 0  |            |          | 0           |   |
| Total Cases Resolved<br><i>(i.e., change from hearing loss to no hearing loss)</i> |                      |           |          |  |            |          |             |   |
| <b>Overall Total*</b>  |                      |           |          |  |            |          | 0           |   |

**Note:**  
\* The value for the "Overall Total" field at the bottom of this table must match the value for the "Total Cases of Permanent Hearing Loss" field at the top of this table. If there is any difference you will receive an error message. If received, please make sure to correct this error before submitting the survey.

**Part 3: Demographics**

|                              | Screening              |            |                | Diagnostics                |                                   | Intervention                |
|------------------------------|------------------------|------------|----------------|----------------------------|-----------------------------------|-----------------------------|
|                              | Total Occurrent Births | Total Pass | Total Not Pass | Total with No Hearing Loss | Total with Permanent Hearing Loss | Total Enrolled in Part C EI |
| <b>Totals (from Part 1)*</b> | 0                      | 0          | 0              | 0                          | 0                                 | 0                           |
| <b>Sex</b>                   |                        |            |                |                            |                                   |                             |
| Male                         |                        |            |                |                            |                                   |                             |
| Female                       |                        |            |                |                            |                                   |                             |
| Unknown                      |                        |            |                |                            |                                   |                             |
| <b>Totals*</b>               | 0                      | 0          | 0              | 0                          | 0                                 | 0                           |

| <b>Maternal Age</b> |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|
| <15 years           |   |   |   |   |   |   |
| 15-19 years         |   |   |   |   |   |   |
| 20 – 24 years       |   |   |   |   |   |   |
| 25-34 years         |   |   |   |   |   |   |
| 35 – 50 years       |   |   |   |   |   |   |
| > 50 years          |   |   |   |   |   |   |
| Unknown             |   |   |   |   |   |   |
| <b>Totals*</b>      | 0 | 0 | 0 | 0 | 0 | 0 |

| <b>Maternal Education</b>    |   |   |   |   |   |   |
|------------------------------|---|---|---|---|---|---|
| Less than High School        |   |   |   |   |   |   |
| High School Graduate or GED  |   |   |   |   |   |   |
| Some College or AA/AS degree |   |   |   |   |   |   |
| College Graduate or above    |   |   |   |   |   |   |
| Unknown                      |   |   |   |   |   |   |
| <b>Totals*</b>               | 0 | 0 | 0 | 0 | 0 | 0 |

| <b>Maternal Ethnicity</b> |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|
| Hispanic or Latino        |   |   |   |   |   |   |
| Not Hispanic or Latino    |   |   |   |   |   |   |
| Unknown                   |   |   |   |   |   |   |
| <b>Totals*</b>            | 0 | 0 | 0 | 0 | 0 | 0 |

| <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 Hawaiian or Pacific Islander           |   |   |   |   |   |   |
| American Indian or Alaskan Native             |   |   |   |   |   |   |
| Unknown                                       |   |   |   |   |   |   |
| Other   |   |   |   |   |   |   |
| <b>Totals*</b>                                | 0 | 0 | 0 | 0 | 0 | 0 |

**Notes:**  
 \* The row values reported for the "Totals (from Part 1)" fields at the top of this table must match the row values reported for the "Totals\*" fields, for each demographic variable. If there is any difference you will receive an error message. Red shading will indicate the cell(s) with an error. If received, please make sure to correct the error(s) before submitting the survey.

**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 Data**

**Error: Please go to Screening tab to resolve the error.**

**Part 1: Diagnostic Data**

**Error: Please go to Diagnostic tab to resolve the error.**

**Part 1: Intervention Data**

**Error: Please go to Intervention tab to resolve the error.**

**Part 2: Type and Severity of Hearing Losses**

No errors

**Part 3: Demographics**

No errors