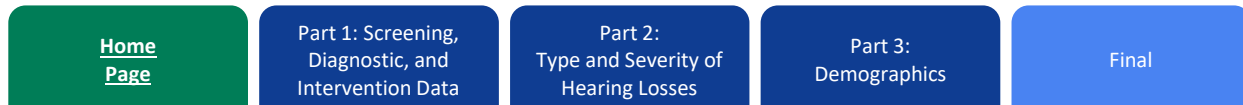


**2020 CDC EHDl
Hearing Screening and Follow-up Survey (HSFS)**

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 underline 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, 2020 and December 31, 2020. 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").

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

2020 Hearing Screening Data	
Total Occurrent Births [∞]	
Total Occurrent Births According to Vital Records	
Optional: Total Occurrent Homebirths	
Overall Documented Screening Results (Most Recent/Final Screen)	
Total Documented as Screened	0
Passed (most recent/final screen)	
Total Passed (most recent / final screen)*	0
Passed: Before 1 Month of Age	
Passed: After 1 Month of Age	
Passed: Age Unknown	
Not Passed (most recent/final screen)	
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	
Detailed Screening Results (if applicable)	
Passed (most recent/final screen)	
Passed initial / No outpatient [‡]	
No initial [‡] / Passed outpatient	
Passed initial / Passed outpatient	
Referred initial / Passed outpatient	
Total Passed (most recent/final screen)*	0
Not Passed (most recent/final screen)	
Referred initial / No outpatient [‡]	
No initial [‡] / Referred outpatient	
Passed initial / Referred outpatient	
Referred initial / Referred outpatient	
Referred initial / straight to diagnostic evaluation	
Total Not Passed (most recent/final screen)**	0
No Documented Screening / Undetermined (Most Recent/Final Screen)	
Total Documented as Not Screened	0
Straight to Diagnostic Evaluation	
<i>The sum of the value entered in this field and the value for Total Not Passed will automatically populate into Diagnostic Data section.</i>	
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	
Homebirths	
Parents / Family Contacted but Unresponsive	
Unable to Contact	
Unknown	
Other ^{***}	
Total Occurrent Births [∞]	0

Notes:

[∞] 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.

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Part 1: Screening, Diagnostic, and Intervention Data

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Part 1: Screening, Diagnostic, and Intervention Data

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[Diagnostic Data](#)

[Intervention Data](#)

[Additional Cases Not Reported](#)

2020 Diagnostic Data	
Total Not Passed (most recent/final screen) <i>This is the sum of infants not passing most recent/final hearing screening and infants who did not receive hearing screening due to being sent straight to diagnostic evaluation, as reported in previous Screening Data section.</i>	0
Documented Diagnosis (please report initial diagnosis)	
Total with Documented Diagnosis	0
Diagnosed with No Permanent Hearing Loss	
Total with No Hearing Loss	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>	
Diagnosed with Permanent Hearing Loss	
Total with Permanent Hearing Loss	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>	
Diagnosed with Transient Hearing Loss	
<i>Transient Hearing Loss</i>	
<i>Transient Hearing Loss: Before 3 Months of Age</i>	
No Documented Diagnosis / Undetermined	
Total with No Documented Diagnosis	0
<i>Audiological Diagnosis in Process (Awaiting Diagnosis)</i> <i>Only applies to infants seen at least one time and have a follow-up appointment scheduled.</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>Parent / Family Contacted but Unresponsive</i>	
<i>Unable to Contact</i>	
<i>Unknown</i>	
<i>Other***</i>	
Total Diagnosed and Not Diagnosed[∞]	0

Notes:

- ∞ 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 next section.
- * This category includes infant, mother, or family member in the home having COVID-19, subsequently delaying diagnostic testing for later date.
- ** If the family declined or indicated preference to delay in-person diagnostic testing due to COVID-19 related safety concerns, please report infant in this category.
- *** If the infant did not get diagnostic testing due to facility being closed or limited appt. availability due to COVID-19 pandemic (e.g., the facility's limited hours does not work with family's schedule), please report infant in this category.

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Part 1: Screening, Diagnostic, and Intervention Data

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

2020 Early Intervention (EI) Data	
Total with Permanent Hearing Loss*	0
Total with Referral Status	0
Referred to Part C EI	0
Referred to Part C EI: Before 6 Months of Age	
Referred to Part C EI: After 6 Months of Age	
Referred to Part C EI: Age Unknown	
Not Referred to Part C EI	
Unknown Referral Status	
Documented EI Services	
Total Enrolled in Part C EI Services	0
Signed IFSP: Before 6 Months of Age	
Signed IFSP: After 6 Months of Age	
Signed IFSP: Age Unknown	
Total from Non-Part C EI Services Only	0
<i>For the purposes of this survey, Non-Part C EI does <u>not</u> include family to family support services.</i>	
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	
No Documented EI Services/ Undetermined	
Total with No Documented EI Services	0
Not Eligible for Part C Services	
Diagnosis Changed to No Hearing Loss	
Infant Died	
Non-resident / Moved Out of Jurisdiction	
Unable to Receive EI due to Medical Reasons*	
Parents / Family Declined Services**	
Parent / Family Contacted but Unresponsive	
Unable to Contact	
Unknown	
Other***	
Total with EI Services & No EI Services*	0

Notes:

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**Part 1: Screening,
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**[Additional Cases
Not Reported](#)**

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

2020 Additional Cases Not Reported

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

Total Additional Cases of Hearing Loss not included in Diagnostic Data	0
Additional Cases of Permanent Hearing Loss (e.g., late onset)	

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

Total Additional Cases of Hearing Loss not included in Intervention Data	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***

Total Additional Cases Enrolled in EI without Confirmed Diagnosis	
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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)

Total Cases of Permanent Hearing Loss (from Part 1)*	0
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		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	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
Totals by Child		0	0	0	0	0	0	0
Total Cases Resolved <i>(i.e., change from hearing loss to no hearing loss)</i>								
Overall Total*								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 Passed	Total with No Hearing Loss	Total with Permanent Hearing Loss	Total Enrolled in Part C EI
Totals (from Part 1)*	0	0	0	0	0	0
Sex						
Male						
Female						
Unknown						
Totals*	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*	0	0	0	0	0	0

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

Maternal Ethnicity						
Hispanic or Latino						
Not Hispanic or Latino						
Unknown						
Totals*	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 Hawaiian or Pacific Islander						
American Indian or Alaskan Native						
Unknown						
Other						
Totals*	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.

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and Intervention Data

Part 2:
Type and Severity of Hearing
Losses

Part 3:
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[Final](#)

Contact Information

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

No errors

Part 1: Diagnostic Data

No errors

Part 1: Intervention Data

No errors

Part 2: Type and Severity of Hearing Losses

No errors

Part 3: Demographics

No errors