# 2016 CDC EHDI Hearing Screening and Follow-up Survey (HSFS)

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

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

The following navigation bar is available on all worksheets. The <u>underlined</u> 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, 2016 and December 31, 2016. 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 both Suhana Alam (SAlam1@cdc.gov) and Kris Subbiah (KSubbiah@cdc.gov). Including both Suhana and Kris will help ensure a prompt response.

## **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").

Public reporting burden of this collection of information is approximately 4 hours, 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 (0920-0010).

Part 1: Screening,
Diagnostic, and
Intervention Data

Part 2: ype and Severity o Hearing Losses Part 3: Demographics

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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.

2016 Hearing Screening I	)ata
Total Occurrent Births***	- a ta
Total Occurrent Births According to Vital Records	
Optional: Total Occurrent Births at Military Facilities According to Vital	
Records	
Optional: Total Occurrent Homebirths	
Overall Documented Screening Results (Most	-
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 scre	en)
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 ap	
Passed (most recent/final screen	)
Passed initial / No outpatient ‡	
No initial <sup>‡</sup> / Passed outpatient	
Passed initial / Passed outpatient	
Referred initial / Passed outpatient	
Total Passed (most recent/final screen)*	0
Not Passed (most recent/final scre	en)
Referred initial / No outpatient ‡	
No initial <sup>‡</sup> / 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 (M	ost Recent/Final Screen)
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	
Infant Adopted	
Homebirth	
Parents / Family Contacted but Unresponsive	
Please use this dropdown box to indicate the Unresponsive Definition	
Used <sup>†</sup>	
Unable to Contact	
Unknown	
Other	
Total Occurrent Births***	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
- \* 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.

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.

2046 D'	
2016 Diagnostic Data	
Total Not Passed (most recent/final screen)*	0
Documented Diagnostics	
Total with Documented Diagnosis	0
Diagnosed with No Hearing Loss	
Total with No Hearing Loss	0
No Hearing Loss: Before 3 Months of Age	
No Hearing Loss: After 3 Months of Age	
No Hearing Loss: Age Unknown	
Diagnosed with Permanent Hearing Loss	5
Total with Permanent Hearing Loss	0
Permanent Hearing Loss: Before 3 Months of Age	
Permanent Hearing Loss: After 3 Months but Before 6 Months of Age	
Permanent Hearing Loss: After 6 Months of Age	
Permanent Hearing Loss: Age Unknown	
No Documented Diagnostics / Undete	ermined
Total with No Documented Diagnosis	0
Audiological Diagnosis in Process (Awaiting Diagnosis)	
Only applies to infants seen at least one time and have a follow-up appointment	
scheduled.	
PCP/ENT did not Refer Infant for Diagnostic Testing	
Infant Died	
Non-resident	
Unable to Receive Diagnostic Testing due to Medical Reasons	
Parents / Family Declined Services	
Moved out of Jurisdiction	
Infant Adopted	
Parent / Family Contacted but Unresponsive	
Please use this dropdown box to indicate the Unresponsive Definition Used $^{ au}$	
Please use this dropdown box to indicate the Unresponsive Definition Used Unable to Contact	
Unable to Contact	
Unable to Contact Unknown	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 \* 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 t section.

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

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.

2016 Early Intervention (EI) D	ata
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 El 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 Received Part C EI Services	0
Received Part C El Services: Before 6 Months of Age	
Received Part C EI Services: After 6 Months of Age	
Received Part C El Services: After 6 Months of Age, Due to Family Initially Declining	
Services	
Received Part C El Services: Age Unknown	
heceived Fait C Li Services. Age Officiowii	
Total from Non-Part C El Services Only	0
Received Non-Part C El Services: Before 6 Months of Age	
Received Non-Part C El Services: After 6 Months of Age	
Received Non-Part C EI Services: Age Unknown	
Monitoring Services Only	
Received Only Monitoring Services	
No Documented El Services/ Undeter	rmined
Total with No Documented El Services	0
Not Eligible for Part C Services	
Infant Died	
Non-resident	
Unable to Receive EI due to Medical Reasons	
Parents / Family Declined Services	
Moved Out of Jurisdiction	
Infant Adopted	
Parent / Family Contacted but Unresponsive	
Please use this dropdown box to indicate the Unresponsive Definition Used	
Unable to Contact	
Unknown	
Other	
Total with EI Services & No EI Services*	0

Home Page	Part 1: Screening, Diagnostic, and Intervention Data	Part 2: Type and Severity of Hearing Losses	Part 3: Demographi	cs	Final			
Part 1: Screening, Di	Part 1: Screening, Diagnostic, and Intervention Data							
Screening Data	Diagnos	tic Data	Intervention Data		Additional Cases Not Reported			

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

2016 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 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**						
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 El without a Confirmed Diagnosis***			
Total Additional Cases Enrolled in El without Confirmed Diagnosis			

## 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 El without a Confirmed Diagnosis" section.

Part 1: Screening, Diagnostic, and Intervention Data Part 2:
Type and Severity of
Hearing Losses

Part 3: Demographics

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

Total Cases of
Permanent Hearing Loss (from Part 1)\*

			ВІ	LATERAL		UNILATERAL		RAL	LATERALITY	
		RIGHT EAR	LEFT EAR	(Note: rec	OWN EAR ord degree of <u>each</u> ear )	RIGHT EAR	LEFT EAR	UNKNOWN EAR	UNKNOWN (for Cases where it is unknown if the loss is unilateral or bilateral)	
	Slight									
	Mild									
<u></u>	Moderate									
an	Moderately									
Ë	Severe									
Sensorineural	Severe									
Se	Profound									
	Unknown									
	Severity									
	Slight									
	Mild									
<u>«</u>	Moderate									
Conductive	Moderately									
亨	Severe									
కి	Severe									
	Unknown									
	Severity									
	Slight									
	Mild									
	Moderate									
þa	Moderately									
Mixed	Severe									
_	Severe									
	Profound									
	Unknown									
	Severity									
	Slight									
_	Mild									
M	Moderate									
Type Unknown	Moderately									
5	Severe									
ed/	Severe									
F	Profound									
	Unknown									
	Severity									
≥	Slight Mild									
Auditory Neuropathy	Moderate									
rop	Moderately									
eni	Severe									
2 >	Severe									
ito	Profound									
pn	Unknown									
•	Severity									
	Totals by Ear	0	0	0	0	0	0	0	0	
	otals by Child		0		0	0	0	0	0	
				Total Cases Resolved						
	(i.e., change from hearing loss to no hearing loss									
					Overall Total*				0	
						Overal	i i Utali'		U	
te:										

## 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

	9	creening		Diagr	Intervention	
	Total Occurrent Births	Total Pass	Total Not Pass	Total with No Hearing Loss	Total with Permanent Hearing Loss	Total Enrolled in Part C El
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	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.

Home Page	Part 1: Screening, Diagnostic, and Intervention Data	Part 2: Type and Severity of Hearing Losses	Part 3: Demographics	<u>Final</u>	
Contact Information					
Comments: Please use this section to ente	er any comments and/or caveats a	about the reported data (2,500 c	haracter limit).		
Check for Errors: Please refer to the list below t submitting.	to check for outstanding errors in	the survey. If there are any red fi	elds, please navigate to the app	propriate tab and fix the error be	:fore
Part 1: Screening	Data	Error: Please	go to Screening tab to resolve	the error.	
Part 1: Diagnostic	Data	Error: Please	ease go to Diagnostic tab to resolve the error.		
Part 1: Intervention	on Data	Error: Please	Please for to Intervention tab to resolve the error.		

Part 2: Type and Severity of Hearing Losses

Part 3: Demographics