

Early Hearing Detection and Intervention (EHDI) Screening and Follow-up Survey

DRAFT
December 21, 2006

Notes:

- This draft, which closely resembles the web-based version, is only intended for information purposes.

OMB No. 0920-0733

Public Reporting Burden Statement

Public reporting burden of this collection of information is estimated to average 3.8 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-XXXX)**

Directions

- Please complete the following survey with the requested data for infants born between the period **January 1, 2005 – December 31, 2005**.
- There are three parts to this survey, which include
 - Part 1: Screening, Diagnostic, and Intervention Data (*organized into three sections*)
 - Part 2: Type and Severity of Identified Hearing Losses
 - Part 3: Demographic Data
- Please enter any comments and/or caveats about the data reported in the Comments section on the “Finalize” page of the appropriate Part (i.e., Part 1, 2, or 3) of the survey.

Additional Information

- Data **cannot** be manually entered into fields highlighted in **yellow**.
- Data for the **yellow** fields will automatically be calculated based on the data entered into the non-highlighted fields.
- Calculated values will appear in the yellow boxes when you select the **[Calculate Totals \(in yellow boxes\)](#)** button near the top of the screen.
- Part 1 and 2 of the survey will be submitted together
- Part 3 (Demographics) will be submitted separately

If you have any questions please contact Marcus Gaffney at MGaffney@cdc.gov or (404)498-3031.

Part 1: Screening, Diagnostic, and Intervention Data

Hearing Screening	Diagnostic	Intervention	Type/Severity	Review	Finalize
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Calculate Totals (in yellow boxes)

2005 Hearing Screening Data (Occurrent Births)	
Data Item	Value
Total Occurrent Births	
Total Occurrent Births Reported by Vital Records	
Hearing Screening	
Total Screened	
Total Not Screened	
Infant Died/ Parents Declined Services	
Unknown/Missed	
Passed (final screen)	
Total Pass	
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	
Not Passed (final screen)	
Total Not Pass	
Not Pass Before 1 Month of Age <i>(includes cases where the stage 1 screen was failed and the second stage screen was not completed)</i>	
Not Pass After 1 month but Before 3 Months of Age	
Not Pass After 3 Months of Age	
Not Pass: Age Unknown	
Total Occurrent Births (automatically calculated)*	

Notes*

- “*Total Occurrent Births* (automatically calculated)” is based on the sum of the values for “Total Screened” and “Total Not Screened.”
- The value calculated for “**Total Occurrent Births** (automatically calculated)” should match the value entered for “**Total Occurrent Births**” at the top of this page. If there is any difference between these values you will receive an error message.
- **If you receive an error message you will not be able to continue or submit the survey until both of the Occurrent Birth values match.**

Please contact Marcus Gaffney with any questions at (404) 498-3031 or MGaffney@cdc.gov

Hearing Screening	Diagnostic	Intervention	Type/Severity	Review	Finalize
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Calculate Totals (in yellow boxes)

2005 Diagnostic Data (Occurrent Births)	
Data Item	Value
Total Not Pass	(from Screening section)
Normal Hearing	
Total Normal Hearing	
Normal Hearing Before 3 Months of Age	
Normal Hearing After 3 Months but Before 6 Months of Age	
Normal Hearing After 6 Months of Age	
Normal Hearing: Age Unknown	
Cases of Permanent Identified (ID) Hearing Loss	
Total Hearing Loss	
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 Diagnosis / Undetermined	
Total with No Diagnosis	
Audiologic Diagnosis in Process (Awaiting Diagnosis)	
Infant Died / Parents Declined Services	
Non-resident or Moved Out of Jurisdiction	
Unable to Contact / Unresponsive / Unknown	
Total Not Pass (automatically calculated)*	

Note: Information for intervention should only be reported for those children with a hearing loss that were indicted in the preceding Diagnostics section. Please do **NOT** include any cases of late onset or other hearing loss that are reported in the below “Hearing Loss not included in Total Not Pass” (e.g., Cases of late onset hearing loss)” part on the preceding Diagnostics.

Hearing Loss not included in “Total Not Pass” (e.g., Cases of late onset hearing loss)	
Cases of Hearing Loss <u>Not</u> included in the above “Total Hearing Loss”	
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	

Notes*

- “Total Not Pass (automatically calculated)” is based on the sum of the values for “Normal Hearing,” “Cases of Permanent ID Hearing Loss,” and No Diagnosis/Undetermined.”
- The value calculated for “**Total Not Pass (automatically calculated)**” should match the value for “**Total Not Pass**” at the top of this page. If there is any difference between these values you will receive an error message.
- **If you receive an error message you will not be able to continue or submit the survey until both of the Total Not Pass values match.**

Please contact Marcus Gaffney with any questions at (404) 498-3031 or MGaffney@cdc.gov

Hearing Screening	Diagnostic	Intervention	Type/Severity	Review	Finalize
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[Calculate Totals \(in yellow boxes\)](#)

2005 Intervention Data (Occurrent Births)	
Data Item	Value
Total Cases Hearing Loss	<i>(from Diagnostic section)</i>
Referrals to Part C Early Intervention (EI)	
Total Referrals to Part C EI	
Eligible for Part C EI	
Not Eligible for Part C EI	
Eligibility Unknown	
<i>Total Not Referred to Part C EI and Unknown</i>	
Total Referred, Not Referred, and Unknown <i>(automatically calculated)*</i>	
Enrolled in Part C Early Intervention (EI)	
Total Enrolled in Part C EI	
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	
Receiving <u>ONLY</u> Intervention Services from Non Part C EI	
Total Services from Non-Part C EI services	
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 Services	
Infant Died / Parents Declined Services	
Non-resident or Moved Out of Jurisdiction	
Unable to Contact / Unresponsive / Unknown	

Notes*

- “*Total Referred, Not Referred, and Unknown (automatically calculated)*” is based on the sum of the values for “*Total Referrals to Part C EI*” and “*Total Not Referred to Part C EI and Unknown.*”
- The value calculated for “**Total Referred, Not Referred, and Unknown (automatically calculated)**” should match the value for “**Total Cases Hearing Loss**” at the top of this page. If there is any difference between these values you will receive an error message.
- **If you receive an error message you will not be able to continue or submit the survey until both of these values match.**

Please contact Marcus Gaffney with any questions at (404) 498-3031 or MGaffney@cdc.gov

Part 2: Type and Severity of Identified Hearing Losses

Hearing Screening	Diagnostic	Intervention	Type/Severity	Review	Finalize
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Hearing Loss Type (by ear)		Sensorineural Total Ears =				Conductive Total Ears =			Mixed Total Ears =				Auditory Neuropathy/ Dyssynchrony Total Ears =
		Mild	Moderate	Severe	Profound	Mild	Moderate	Severe	Mild	Moderate	Severe	Profound	
Unilateral	Right												
	Left												
	Ear Unknown												
Bilateral	Right												
	Left												
	Ear Unknown												
Laterality Unknown													

Does your state or territory use the below criteria to classify hearing loss: Yes No

Mild: 21 – 40dB HL Severe: 71 – 90dB HL
 Moderate: 41 – 70dB HL Profound: 91 + dB HL

• If you answered “No” to the previous question, please specify the classification criteria used.

Mild (dB): Moderate (dB): Severe (dB): Profound (dB):

Hearing Screening	Diagnostic	Intervention	Type/Severity	Review	Finalize
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Please review the answers below to ensure their accuracy before submitting. Once submitted, you will **not** be able to make changes to any of the data reported in this part of the survey.

- The answers below were auto-calculated based on the data you entered.
- If one or more of the below values is incorrect please go back to the appropriate section (e.g., Hearing Screening) and enter the corrected data. The appropriate yellow field(s) will automatically be recalculated once you enter any new data.

Summary of Auto Calculated Responses (2005 Survey)	
Hearing Screening Data	
Data Item	Value
<i>Total Occurrent Births</i>	
Hearing Screening	
<i>Total Screened</i>	
<i>Total Not Screened</i>	
Passed (final screen)	
<i>Total Pass</i>	
Not Passed (final screen)	
<i>Total Not Pass</i>	
Diagnostic Data	
Normal Hearing	
<i>Total Normal Hearing</i>	
Cases of Identified (ID) Hearing Loss	
<i>Total Hearing Loss</i>	
No Diagnosis	
<i>Total with No Diagnosis</i>	
Hearing Loss not included in "Total Not Pass" (e.g., Cases of late onset hearing loss)	
<i>Cases of Hearing Loss <u>Not</u> included in the above "Total Hearing Loss"</i>	
Intervention Data	
Referrals to Part C Early Intervention (EI)	
<i>Total Referrals to Part C EI</i>	
Enrolled in Part C Early Intervention (EI)	
<i>Total Enrolled in Part C EI</i>	
Receiving <u>ONLY</u> Intervention Services from Non Part C EI	
<i>Total Services from Non-Part C EI Services</i>	
No Services	
<i>Total Receiving No Services</i>	

Hearing Screening	Diagnostic	Intervention	Type/Severity	Review	Finalize
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Dear Respondent:

Thank you for completing Parts 1 and 2 of 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 red “Submit Survey” button at the bottom of this page.

Contact Information
E-mail Address:
Confirm E-mail Address:
State/Territory (<i>a drop down menu will be provided in the online version</i>):
Comments:

Submit

Note: This is only to submit Parts 1 and 2 of the survey

Part 3: Demographics

Demographics Finalize

	Screening				Diagnostics				Intervention	
	Total Occurrent Births	Pass Before 1 Month of Age	<u>Not</u> Pass Before 1 Month of Age	<u>Not</u> Pass After 1 month but Before 3 Months of Age	Normal Hearing Before 3 Months of Age	Normal Hearing After 3 Months but Before 6 Months of Age	Hearing Loss ID* Before 3 Months	Hearing Loss ID* After 3 Months but Before 6 Months of Age	Enrolled in Part C EI† Before 6 Months of Age	Enrolled in <u>non</u> -Part C EI† Before 6 Months of Age
Totals										
Demographics										
Sex										
Male										
Female										
Unknown										
Maternal Age										
<15 years										
15-19 years										
20 – 24 years										
25-34 years										
35 – 50 years										
> 50 years										
Unknown										
Mothers Education (ages 25 – 50)										
Less than High School										
High School Graduate or GED										
Some College or AA/AS degree										
College Graduate or above										
Unknown										

Maternal Ethnicity										
Hispanic or Latino										
Not Hispanic or Latino										
Unknown										
Maternal Race†										
White										
Black or African American										
Asian										
Native Hawaiians & other Pacific Islanders										
American Indian & Alaska Natives										
Unknown										
Other										

* ID = Identified † EI = Early Intervention

Type and Severity **Finalize**

Dear Respondent:

Thank you for completing Part 3 of 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.**
- Part 2 of this survey can be submitted by using the red “Submit Survey” button at the bottom of this page.

Contact Information
E-mail Address:
Confirm E-mail Address:
State/Territory <i>(a drop down menu will be provided in the online version):</i>
Comments:

Submit

Note: This is only to submit Part 3 of the survey