

2007 EHDI Hearing Screening and Follow-up Survey (HSFS)

Note: This version of the HSFS closely resembles the web version and is intended for information purposes only.

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 (0920-0733)**

Directions

Please complete the following survey with the requested data for infants born between the periods **January 1, 2007 – December 31, 2007**. The survey is divided into several sections, which include Hearing Screening data, Diagnostic data, Early Intervention data, Type/Severity data, and Demographic data. Please enter any comments and/or caveats about the data reported in the Comments section.

Note: Data cannot be manually entered into fields highlighted in **yellow**. Data for these fields will automatically be calculated based on the data entered into the non-highlighted fields. These calculated values will appear in the yellow boxes when you select the "Calculate Totals" button near the top of the screen.

Additional Information

- Data for the **yellow** fields will automatically be calculated based on the data entered in the non-highlighted fields.
- Parts 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 | Finalize |
|--------------------------|------------|--------------|---------------|----------|

Calculate Totals (yellow fields)

| 2007 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 | Finalize |
|-------------------|-------------------|--------------|---------------|----------|

Calculate Totals (yellow fields)

| 2007 Diagnostic Data (Occurrent Births) | |
|---|---------------------------------|
| Data Item | Value |
| Total Not Pass | <i>(from Screening section)</i> |
| 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 indicated 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 | Finalize |
|-------------------|------------|---------------------|---------------|----------|

Calculate Totals (yellow fields)

| 2007 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 | |
| Total Not Referred to Part C EI and Unknown | |
| 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 | |
| Total No Services | |
| Infant Died / Parents Declined Services | |
| Non-resident or Moved Out of Jurisdiction | |
| Unable to Contact / Unresponsive / Unknown | |
| Total Intervention & No Services <i>(automatically calculated)*</i> | |

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 entered 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.
- The values calculated for “**Total Enrolled in Part C EI**,” “**Total Services from Non-Part C EI Services**,” and “**Total No Services**” should match the total listed for “**Total Cases Hearing Loss**” at the top of this page.

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 | Finalize |
|-------------------|------------|--------------|---------------|----------|

| Sensorineural | | | | | | |
|---------------------------|------------|------|----------|--------|----------|---------|
| | | Mild | Moderate | Severe | Profound | Unknown |
| Unilateral | | | | | | |
| Bilateral | Better Ear | | | | | |
| | Worse ear | | | | | |
| Laterality Unknown | | | | | | |

| Conductive | | | | | | |
|---------------------------|------------|------|----------|--------|--|---------|
| | | Mild | Moderate | Severe | | Unknown |
| Unilateral | | | | | | |
| Bilateral | Better Ear | | | | | |
| | Worse ear | | | | | |
| Laterality Unknown | | | | | | |

| Mixed | | | | | | |
|---------------------------|------------|------|----------|--------|----------|---------|
| | | Mild | Moderate | Severe | Profound | Unknown |
| Unilateral | | | | | | |
| Bilateral | Better Ear | | | | | |
| | Worse ear | | | | | |
| Laterality Unknown | | | | | | |

| Permanent Type Unknown | | | | | | |
|---------------------------|------------|------|----------|--------|----------|---------|
| | | Mild | Moderate | Severe | Profound | Unknown |
| Unilateral | | | | | | |
| Bilateral | Better Ear | | | | | |
| | Worse Ear | | | | | |
| Laterality Unknown | | | | | | |

| Auditory Neuropathy / Dyssynchrony | |
|------------------------------------|--|
| Unilateral | |
| Bilateral | |
| Laterality Unknown | |

| Hearing Loss Criteria | |
|---|---------------|
| Does your state or territory use the below criteria to classify hearing loss? | |
| Mild (dB) | 21 – 40 dB HL |
| Moderate (dB) | 41 – 70 dB HL |
| Severe (dB) | 71 – 90 dB HL |
| Profound (dB) | 91 + dB HL |
| Yes | No |

| | | | | |
|-------------------|------------|--------------|---------------|-----------------|
| Hearing Screening | Diagnostic | Intervention | Type/Severity | Finalize |
|-------------------|------------|--------------|---------------|-----------------|

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 |
|--|
| Name: |
| E-mail Address: |
| Confirm E-mail Address: |
| State/Territory <i>(a drop down menu will be provided in the online version)</i> : |
| Comments (2,500 Character Limit): |

Submit Survey

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

Part 3: Demographics

Screening Demographics Diagnostics Demographics Intervention Demographics Finalize

Calculate Totals (yellow fields)

| | Screening | | | Diagnostics | | Intervention | |
|---|------------------------|------------|----------------|----------------|--------------|-----------------------------|-------------------------------------|
| | Total Occurrent Births | Total Pass | Total Not Pass | Normal Hearing | Hearing Loss | Total Enrolled in Part C EI | Total Services <i>Non-Part C EI</i> |
| Totals (from Part 1) | | | | | | | |
| Demographics | | | | | | | |
| Sex | | | | | | | |
| Male | | | | | | | |
| Female | | | | | | | |
| Unknown | | | | | | | |
| <i>Totals (auto calculated)</i> | | | | | | | |
| Maternal Age | | | | | | | |
| <15 years | | | | | | | |
| 15-19 years | | | | | | | |
| 20 – 24 years | | | | | | | |
| 25-34 years | | | | | | | |
| 35 – 50 years | | | | | | | |
| > 50 years | | | | | | | |
| Unknown | | | | | | | |
| <i>Totals (auto calculated)</i> | | | | | | | |
| Mothers Education | | | | | | | |
| Less than High School | | | | | | | |
| High School Graduate or GED | | | | | | | |
| Some College or AA/AS degree | | | | | | | |
| College Graduate or above | | | | | | | |
| Unknown | | | | | | | |
| <i>Totals (auto calculated)</i> | | | | | | | |
| Maternal Ethnicity | | | | | | | |
| Hispanic or Latino | | | | | | | |
| Not Hispanic or Latino | | | | | | | |
| Unknown | | | | | | | |
| <i>Totals (auto calculated)</i> | | | | | | | |
| 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 | | | | | | | |
| <i>Totals (auto calculated)</i> | | | | | | | 7 |

Screening Demographics

Diagnostics Demographics

Intervention Demographics

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 Survey

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