The Directors of Speech and Hearing Programs in State Health and Welfare Agencies (DSHPSHWA) Data Reporting Form Reporting Year 2001

Please remember to mark if the data is actual (Act) or estimated (Est) and thank you for completing this form.

State Reporting:	Reporting Year: 2001		
, , , , , , , , , , , , , , , , , , , ,	roviders required by the state to report hearing screening information? information are hospitals / facilities/ providers required to report?	Yes	□ No
	Screening Information		
2) Number of Live Births (in year 200	Act	Est	
• Source of the data (i.e. state report	rt?):		
3) Total Number of Infants Screened	☐ Act	☐ Est	
a) Number Screened Prior to Disc	☐ Act	☐ Est	
b) Number Screened After Discha	Act	Est	
• Source of the data:			
	Referral Information		
4) Number of infants born between 1/	Act	☐ Est	
• Source of the data:			
5) Number of Infants born between 1/2	☐ Act	☐ Est	
a) Number of infants receiving a I	☐ Act	☐ Est	
• Source of the data:			
	Case Information		
	tween 1/01/01 – 12/31/01 who were identified with a Permanent Childhoo	od Hearing	
Loss (PCHL) (including both those identified through a newborn hearing screening program and late identified cases):			☐ Est
	en born between 1/01/01 – 12/31/01 who were identified with a PCHL, ough a Newborn Hearing Screening Program:	☐ Act	☐ Est
7) Average, Median, and Age Range	of Children when they are Diagnosed with a PCHL:		
a) Average Age (Months):	c) Minimum Age (Months)		
b) Median Age (Months):	d) Maximum Age (Months)		
months, 4.50 months, 6.25 months, the	orn in 2001 with a PCHL with the following age of diagnosis: 1.00 month, 1.2 average for 2001 would be: $1.00 + 1.25 + 3.75 + 4.50 + 6.25 = 16.75$ divided dian age for 2001 would be 3.75 months (age when 50% of children are above	by 5 = 3.33	5 months.
Did your state use the DSHPSHWA • If you answered no, please explain	formula (see DSHPSHWA Explanations) to determine the previous values:	Yes	□No
8) Total Number of Children born in	☐ Act	☐ Est	
a) Number born in 2001 with PCH	Act	Est	

Intervention: Refers to services specifically for children who are deaf or hard of hearing and may include, but are not limited to monitoring, speech-language therapy, early intervention programming on a regular basis by a parent-infant specialist, medical or surgical treatment, etc (please see DSHPSHWA Explanations for more information).

]	Hospital Re	porting & State T	racking Inform	ation			
9) Number of birthing hospitals / facilities:							Act	Est	
10) Number of birthing hospitals / facilities with Universal Newborn Hearing Screening (UNHS):							:	☐ Act	☐ Est
11) Does your state define a UNHS birthing hospital / facility by the percent of infants screened:								Yes	☐ No
• If yes, p	lease select o	ne of the fo	ollowing choi	ices:					
a) Scre	een 95% or ov	ver Sc	reen 90% or	over Screen 85	5% or over \square C	ther (Plea	ase specify)		
12) How do bi	rthing hospita	als / faciliti	es report hea	ring screening info	rmation to the star	te (check	all that apply)	:	
Auris Blood Spot Card Custom/State Developed Electronic Birth Certificate (EBC)				☐ Electronic Forms ☐ OZ System ☐ HI*Track ☐ Hospitals do not report ☐ QS Technologies ☐ Other (please specify) ☐ Paper Reporting Form(s)					
13) What syste	em, if any, do	es the stat	e use to track	thearing screening	and follow-up inf	ormation	for infants / c	hildren:	
13) What system, if any, does the state use to track hearing screening and follow-up information for infants / comparison of the state use to track hearing screening and follow-up information for infants / comparison of the state use to track hearing screening and follow-up information for infants / comparison of the state use to track hearing screening and follow-up information for infants / comparison of the state use to track hearing screening and follow-up information for infants / comparison of the state use to track hearing screening and follow-up information for infants / comparison of the state use to track hearing screening and follow-up information for infants / comparison of the state use to track hearing screening and follow-up information for infants / comparison of the state use to track hearing screening and follow-up information for infants / comparison of the state use to track hearing screening and follow-up information for infants / comparison of the state use to track hearing screening and follow-up information for infants / comparison of the state use to track hearing screening and follow-up information for infants / comparison of the state use to track hearing screening and follow-up information for infants / comparison of the state use to track hearing screening and follow-up information for infants / comparison of the state use to track hearing screening and follow-up information for infants / comparison of the state use to track hearing screening and follow-up information for infants / comparison of the state use to track hearing screening and follow-up information for infants / comparison of the state use to track hearing screening and follow-up information for infants / comparison of the state use to track hearing screening and screening screening screening and screening scree					v)				
=======================================									======
			Н	earing Loss Type	& Severity				
DSHPSHWA	uses the foll	lowing crit	eria to classi	ify hearing loss:					
	1 – 40dB HL 1 – 70dB HL		Severe: Profound	71 – 90dB HL d: 91 + dB HL					
14) Does your	state use the	DSHPSHV	WA system to	classify the severit	ty of a hearing los	ss?		Yes	☐ No
• If you answ	vered No to the	he previous	s question, pl	ease specify the cla	ssification criteria	a used.			
Mild (dB): Severe (dB):									
Mode	rate (dB):			Profound (dB):					
15) Please com	plete the follo	wing charts	s if your state	recorded the type an	d severity of heari	ng loss fo	r children with	PCHL in 2	2001.
UNILATERA	L HEARIN	G LOSSES	S:						
CENCOD	INEURAL	(Total #		CONDUCTIVE	(Total #		MIXED (T	otal #	`
		,) Dua Carra 1		,		`) Df1
Mild	Moderate	Severe	Profound	Mild	Moderate		Moderate	Severe	Profound
BILATERAL	HEARING	LOSSES:							
SENSORINEURAL (Total #)		CONDUCTIVE (Total #)		MIXED (Total #))		
Mild	Moderate	Severe	Profound	Mild	Moderate	Mild	Moderate	Severe	Profound
<u>-</u>				there any plans to reporting type and seve				Yes	□No

Year 2000 EHDI Data Update

	rided data for last year's DSHPSHWA form (i.e., for reporting year attended to the provided for reporting year 2000. If you did not return to the complete this section.	· · · · · · · · · · · · · · · · · · ·
6) Number of Children Identified With Perman	ent Childhood Hearing Loss (PCHL) in Birthing Year 2000:	☐ Act ☐ Est
7) Average, Median, and Age Range of Childr	en when they are Diagnosed with PCHL	
a) Average Age (Months):	Act	
b) Median Age (Months):	Act	
c) Minimum Age (Months):	Act	
d) Maximum Age (Months):	Act	
7.75 months, 13.00 months. The average age of o	hildren born in 2000 are identified with the following ages of diagnosis iagnosis for 2000 would change to: $1.00 + 1.25 + 3.75 + 4.50 + 6.25 +$ edian age would change to 5.4 months based on: $1.00 + 1.25 + 3.75 + 4.50 + 6.25 +$ een 4.50 and $6.25 = 5.4$ months	3.50 + 7.75 +
8) Number of Children born in 2000 with PCH	L receiving Intervention:	☐ Act ☐ Est
Additional Comments:		