

DATA ENTRY

Identifying Information

Enter the **First Name** and **Last Name** of each child enrolled in the program. Include a program identification number (**ID #**). Update this list regularly as new children are enrolled.

Enter each child's **Newborn Hearing Screening** results: "P" for *Pass*, "R" for *Refer*, "U" for *Unknown*, or "N" for *Not screened*.

Identifying Information						NHS
						Newborn Hearing Screening (Pass, Refer, Unknown, Not Screened)
Completed Protocol	Number of Days in Process	Identifying Information			NHS	
Completed	0	First Name	Last Name	ID #	P,R,U,N	
COMPLETE	14	Marissa	Lee	9875	P	
COMPLETE	39	Emily	Wishart	6473	P	
COMPLETE	57	Felicia	Reynolds	8985	P	
COMPLETE	57	Noah	Keller	7858	R	

Identifying Information						NHS
First Name	Last Name	ID #	P,R,U,N			
Marissa	Lee	9875	P			
Emily	Wishart	6473	P			
Felicia	Reynolds	8985	P			
Noah	Keller	7858	R			

Screen 1

Enter the hearing *Screening Type*: “O” for OAE or “P” for Pure Tone.

Enter the date (mm/dd/yy) in *Date of Screen 1* column.

If both ears passed **Screen 1**, record “B” in the *Pass* column. If only one ear passed **Screen 1**, record either “L” for left ear or “R” for right ear in the *Pass* column. To record a Not Pass result (Refer, Can’t Test), record either “B” for both ears, “L” for left ear, or “R” for right ear in the *Not Pass* column.

If the child has met the criterion for completion of the protocol, the word “Complete” will automatically appear in the *Completed Protocol* column indicating that no further screening or documentation is needed.

Hearing Screening																		
Number Complete		1			Pass Rate Screen 1			25%			Number with Permanent Hearing Loss			0				
Status	Identifying Information				NHS	Hearing Screening Type		Screen 1		Inner Ear Outcome		Audiological Evaluation						
	Completed Protocol	Number of Days in Process	Exited Program			Type	Date of Screen 1	Pass	Not Pass (Refer, Can't Test)	Date of Rescreen	Pass - Program Hearing Rescreen	Not Pass (Refer, Can't Test)	Skipped Rescreen	Date of Audiological Evaluation	Normal hearing	Temporary Hearing Loss	Permanent Hearing Loss	Hearing Loss Prior to Entry
Completed Protocol		Number of Days in Process	Exited Program	First Name	Last Name	ID #	P,R,U,N	O,P	MM/DD/YY	L,R,B	L,R,B	L,R,B	MM/DD/YY	L,R,B	L,R,B	L,R,B	L,R,B	NOTES
COMPLETE		0		Marissa	Lee	9875	P	O	02/02/16	B								
		0		Emily	Wishart	6473	P	O	02/02/16	R	L							
		0		Felicia	Reynolds	8985	P	O	02/02/16		B							
		0		Noah	Keller	7858	R	O	02/02/16		B							

Type	Screen 1		
Screening Type - OAE or Pure Tone	Date of Screen 1	Pass	Not Pass (Refer, Can't Test)
O,P	MM/DD/YY	L,R,B	L,R,B
O	02/02/16	B	
O	02/02/16	R	L
O	02/02/16		B
O	02/02/16		B

Middle Ear Consultation

For any child not passing (or skipping) the **Screen 2**, record the outcome for the **Middle Ear Consultation** outcome when it is completed.

Enter the date (mm/dd/yy) in the *Date of Middle Ear Consultation* column. The number of days between the *Date of Screen 1* and the *Date of Middle Ear Consultation* will be automatically calculated and displayed in the *Number of Days in Process* column.

Enter ear-specific results (“B” for both ears, “L” for left ear, “R” for right ear) in the column(s) corresponding to the results of the consultation: *Normal (no condition or disorder detected)* or *Condition or disorder detected*.

Alternately, indicate that the child has left the program by entering “E” in the *Exited Program* column or, if the child skipped the **Middle Ear Consultation**, enter an “S” in the *Skipped Middle Ear Consultation* column.

Hearing Screening & Diagnostic Log																		
Number Complete		2										Pass Rate Screen 1		25%				
Status	Identifying Information	NHS	Hearing Screen										Middle Ear Consultation					
			Type	Screen 1		Screen 2			Middle Ear Consultation									
Completed Protocol	Number of Days in Process	Exited Program	Newborn Hearing Screening (Pass, Refer, Unknown, not Screened)			Screening Type - OAE or Pure Tone	Date of Screen 1		Date of Screen 2	Pass - Program Hearing Rescreen			Date of Middle Ear Consultation	Normal (no condition or disorder detected) or Condition or disorder detected			Skipped Middle Ear Consultation	
			P	R	U		N	MM/DD/YY		L,R,B	L,R,B	MM/DD/YY		L,R,B	L,R,B	S		MM/DD/YY
COMPLETE	0	E	First Name	Last Name	ID #	P,R,U,N	O,P	MM/DD/YY	L,R,B	L,R,B	MM/DD/YY	L,R,B	L,R,B	S	MM/DD/YY	L,R,B	L,R,B	S
COMPLETE	14		Marissa	Lee	9875	P	O	02/02/16	B									
COMPLETE	21		Emily	Wishart	6473	P	O	02/02/16	R	L	02/16/16	L						
	21		Felicia	Reynolds	8985	P	O	02/02/16		B	02/16/16		B		02/23/16		B	
	21		Noah	Keller	7858	R	O	02/02/16		B	02/16/16			S	02/23/16	B		

Middle Ear Consultation			
Date of Middle Ear Consultation	Normal (no condition or disorder detected)	Condition or disorder detected	Skipped Middle Ear Consultation
MM/DD/YY	L,R,B	L,R,B	S
02/23/16		B	
02/23/16	B		

Inner Ear Outcomes

Rescreen

For any child receiving a **Rescreen**, enter the date (mm/dd/yy) in the *Date of Rescreen* column. The number of days between the *Date of Screen 1* and the *Date of Rescreen* will be automatically calculated and displayed in the *Number of Days in Process* column.

If the child passed the **Rescreen** on both ears, record “B” in the *Pass-Program Hearing Rescreen* column. If only one ear passed the **Rescreen**, record either “L” for left ear or “R” for right ear in the *Pass-Program Hearing Rescreen* column. To record a Not Pass result (Refer, Can’t Test), record “B” for both ears, “L” for left ear, or “R” for right ear in the *Not Pass (Refer, Can’t Test)* column.

If the child has met the criterion for completion of the protocol, the word “Complete” will automatically appear in the *Completed Protocol*.

Alternately, indicate that the child has left the program by entering “E” in the *Exited Program* column or, if the child skipped the **Rescreen**, enter “S” in the *Skipped Rescreen* column.

Hearing Screening & Diagnostic Log																			
Number Complete		3										Pass Rate Screen 1		25%					
Status	Identifying Information				NHS	Hearing Screen						Middle Ear Consultation				Inner Rescreen			
	Completed Protocol	Exited Program	First Name	Last Name		ID #	P,R,U,N	O,P	Screen 1		Screen 2		Middle Ear Consultation		Rescreen				
MM/DD/YY					L,R,B				MM/DD/YY	L,R,B	MM/DD/YY	L,R,B	MM/DD/YY	L,R,B					
COMPLETE	0	Marissa	Lee	9875	P	O	02/02/16	B											
COMPLETE	14	Emily	Wishart	6473	P	O	02/02/16	R	L	02/16/16	L								
COMPLETE	39	Felicia	Reynolds	8985	P	O	02/02/16	B		02/16/16	B								
COMPLETE	39	Noah	Keller	7858	R	O	02/02/16	B		02/16/16	S	02/23/16	B		03/11/16	B			

Rescreen

Date of Rescreen	Pass - Program Hearing Rescreen	Not Pass (Refer, Can't Test)	Skipped Rescreen
MM/DD/YY	L,R,B	L,R,B	S
03/11/16	B		
03/11/16		B	

Audiological Evaluation

For any child not passing (or skipping) a **Rescreen** (*Program Hearing Rescreen*), record the results of the **Audiological Evaluation** by first entering the date (mm/dd/yy) in the *Date of Audiological Evaluation* column. The number of days between the *Date of Screen 1* and the *Date of Audiological Evaluation* will be automatically calculated and displayed in the *Number of Days in Process* column.

Record the results of the evaluation for each ear (“B” for both ears, “L” for left ear, “R” for right ear) in the section(s) corresponding to the diagnostic outcome of the evaluation: *Normal Hearing*, *Temporary Hearing Loss*, or *Permanent Hearing Loss*.

If the child has met the criterion for completion of the protocol, the word “Complete” will automatically appear in the *Completed Protocol* column.

For a child with a hearing loss that was identified before entering the program, enter the ear(s) identified with a hearing loss (“B” for both ears, “L” for left ear, “R” for right ear) in the *Hearing Loss Prior to Entry* column.

Note: If a Permanent Hearing Loss is identified, notify the ECHO Initiative at echo.ncham@usu.edu and your state’s Newborn Hearing Screening program, also known as the Early Hearing Detection and Intervention (EHDI) program.

Hearing Screening & Diagnostic Log																										
Number Complete		Pass Rate Screen 1												Number with Permanent Hearing Loss												
Status	Identifying Information			NHS	Hearing Screen										Inner Ear Outcome											
					Type	Screen 1		Screen 2			Middle Ear Consultation			Rescreen			Audiological Evaluation									
Completed Protocol	Number of Days in Process	Exited Program	 Newborn Hearing Screening (Pass, Refer, Unknown, Not Screened)			Screening Type - OAE or Pure Tone	Date of Screen 1	Pass	Not Pass (Refer, Can't Test)	Date of Screen 2	Pass - Program Hearing Rescreen	Not Pass (Refer, Can't Test)	Skipped Rescreen	Date of Middle Ear Consultation	Normal (no condition or disorder detected)	Condition or disorder detected	Skipped Middle Ear Consultation	Date of Rescreen	Pass - Program Hearing Rescreen	Not Pass (Refer, Can't Test)	Skipped Rescreen	Date of Audiological Evaluation	Normal hearing	Temporary Hearing Loss	Permanent Hearing Loss	Hearing Loss Prior to Entry
							P,R,U,N	O,P	MM/DD/YY	L,R,B	L,R,B	MM/DD/YY	L,R,B	L,R,B	S	MM/DD/YY	L,R,B	L,R,B	S	MM/DD/YY	L,R,B	L,R,B	S	MM/DD/YY	L,R,B	L,R,B
COMPLETE	0		Marissa	Lee	9875	P	O	02/02/16	B																	
COMPLETE	14		Emily	Wishart	6473	P	O	02/02/16	R	L	02/16/16	L														
COMPLETE	39		Felicia	Reynolds	8985	P	O	02/02/16	B		02/16/16	B					02/23/16	B			03/11/16	B				
COMPLETE	57		Noah	Keller	7858	R	O	02/02/16	B		02/16/16	B					02/23/16	B			03/11/16	B			03/29/16	

Audiological Evaluation

Date of Audiological Evaluation

Normal hearing

Temporary Hearing Loss

Permanent Hearing Loss

Hearing Loss Prior to Entry



MM/DD/YY	L,R,B	L,R,B	L,R,B	L,R,B
03/29/16			B	

Status and Quality Indicators

The Log automatically determines when a child has completed the Screening and Follow-up Protocol (**Completed Protocol**), calculates the number of days from **Screen 1** to the most current step in the protocol (**Number of Days in Process**), the number of children who have completed the protocol (**Number Complete**), the Initial screening pass rate (**Pass Rate Screen 1**), and the number of children identified with a permanent hearing loss (**Number with Permanent Hearing Loss**).

Number Complete **4**

Pass Rate Screen 1 **25%**

Number with Permanent Hearing Loss **1**

Hearing Screening & Diagnostic Log (Version 3.0)																			
Number Complete 4		Pass Rate Screen 1 25%												Number with Permanent Hearing Loss 1					
Status	Identifying Information			NHS	Hearing Screen						Middle Ear Consultation			Inner Ear Outcome					
	Completed Protocol	Number of Days in Process	Exited Program		Type	Screen 1		Screen 2		S	Rescreen		Audiological Evaluation						
First				Date of Screen 1		Pass	Not Pass (Refer, Can't Test)	Date of Screen 2	Pass - Program Hearing Rescreen		Not Pass (Refer, Can't Test)	Skipped Rescreen	Date of Rescreen	Pass - Program Hearing Rescreen	Not Pass (Refer, Can't Test)	Skipped Rescreen	Date of Audiological Evaluation	Normal hearing	Temporary Hearing Loss
ID #	P,R,U,N	O,P	MM/DD/YY	L,R,B	L,R,B	MM/DD/YY	L,R,B	L,R,B	S	MM/DD/YY	L,R,B	L,R,B	S	MM/DD/YY	L,R,B	L,R,B	L,R,B	L,R,B	NOTES
COMPLETE	0																		
COMPLETE	14																		
COMPLETE	39																		
COMPLETE	57																		
																			Severe Bilateral SNHL, EI, hrng aids

Completed Protocol	Number of Days in Process
COMPLETE	0
COMPLETE	14
COMPLETE	39
COMPLETE	57