

EHDI Data Elements Worksheet

Birth Facility Name: _____

Facility City / State: _____

This form completed by: _____ **Date Completed:** _____

Please enter facility-specific newborn hearing screening data for the previous quarter. The end date of the quarter analyzed should be a minimum of 30 days prior to the date the data is pulled. The 30-day delay allows for a more comprehensive and accurate data reflection of the birthing facility's screening program.

Data Element	Integer/ #	Percentage/ %	Comments:
Total Occurrent Births			
Total Documented as Screened			
Total Referred			
Total Number Not Screened Outpatient			