

GUIDE TO THE ECHO INITIATIVE HEARING SCREENING & DIAGNOSTIC LOG



This 9-page Guide will help you use the Hearing Screening & Diagnostic Log (2016) to track your program's hearing screening and diagnostic outcomes.

OVERVIEW

The Hearing Screening & Diagnostic Log is an Excel® spreadsheet that follows the ECHO Initiative's recommended Hearing Screening and Follow-up Protocol. Sections of the Log include a child's **Identifying Information (A)**, **Newborn Hearing Screening results (B)**, and the **Screening Type (C)**. The dates and results of **Screen 1 (D)**, **Screen 2 (E)**, **Middle Ear Consultation (F)**, **Rescreen (G)** and **Audiological Evaluation (H)** are recorded in the main section of the Log. A **Notes** field (I) is available for anecdotal comments and reminders. Children who leave the program before completing the hearing screening protocol are noted in the **Exited Program** column (J).

The Log automatically calculates several status and quality indicators. When a child's results indicate that both ears have either passed a screening at some point in the protocol or the child has received an audiological evaluation, the Log auto-fills the **Completed Protocol** field (K) with the word "Complete." The **Number of Days in Process** (number of days from the initial screening to the completion of the most recent step in the follow-up protocol) is automatically calculated (L). Other automatically calculated values include **Number Complete** (the number of children who have completed the protocol) (M), the **Pass Rate Screen 1** (N), and the **Number with Permanent Hearing Loss** (O).

| Hearing Screening & Diagnostic Log (Version 3.0) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------|-----------------------------|-----------------------------|------------|-----------|---|-----------------------------------|------------------|----------|------------------------------|------------------|--|------------------------------|------------------|---------------------------------|--|---------------------------------|-----------------------------|---------------------------------|------------------------------|------------------|---------------------------------|----------------|------------------------|------------------------|-----------------------------|--|
| (M) Number Complete | | (N) Pass Rate Screen 1 | | | | | | | | | | (O) Number with Permanent Hearing Loss | | | | | | | | | | | | | | | |
| Status | | (A) Identifying Information | | | (B) NHS | Hearing Screen | | | | | | | | | | Inner Ear Outcome | | | | | | | | | | | |
| (K) Completed Protocol | (L) Number of Days in Process | (J) Exited Program | (A) Identifying Information | | | (B) NHS | (C) Type | (D) Screen 1 | | (E) Screen 2 | | | (F) Middle Ear Consultation | | | (G) Rescreen | | (H) Audiological Evaluation | | | | (I) NOTES | | | | | |
| | | | 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 | MM/DD/YY | L,R,B | | L,R,B | L,R,B | L,R,B | | |
| 0 | 0 | 0 | | | | 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 | |
| 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |

DATA ENTRY

In this guide the hearing screening and evaluation results for four hypothetical children will be entered into the Hearing Screening & Diagnostic Log. Below is an explanation of each child's results and the completed log in which those results have been entered. More detail for each section will be shown on pages 3 – 9.

Hearing Screening Results for Four Children

Marisa Lee – *Screen 1*: Pass both ears.

Kim Sanders – *Screen 1*: Pass both ears..

Raymond Sanchez – *Screen 1*: Pass both ears.


Noah Keller - *Screen 1*: Refer for left ear, Pass for right ear. *Screen 2*: Refer for left ear. *Middle Ear Consultation*: Normal both ears. *Rescreen*: Refer for left ear. *Audiological Evaluation*: Permanent Hearing Loss for left ear, Normal Hearing for right ear.


| Number Complete | | Pass Rate Screen 1 75% | | | | | | | | | | | | | | Number with Permanent Hearing Loss 1 | | | | | | | | | | | | |
|-----------------|-------------------------|---------------------------|----------------|-----------|----------------|----------|-----|----------|----------|-------|----------|-------------------------|-------|-------------------|----------|--------------------------------------|----------|-------|-------------------------|-------|----------|-------|-------|--|----------|---|---|--------------------------------|
| Status | Identifying Information | | | NHS | Hearing Screen | | | | | | | | | Inner Ear Outcome | | | | NOTES | | | | | | | | | | |
| | Completed Protocol | Number of Days In Process | Exited Program | | Type | Screen 1 | | | Screen 2 | | | Middle Ear Consultation | | | Rescreen | | | | Audiological Evaluation | | | | | | | | | |
| 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 | MM/DD/YY | L,R,B | L,R,B | L,R,B | L,R,B | | | | | |
| COMPLETE | 0 | | | Marissa | Lee | 9875 | P | O | 01/06/17 | B | | | | | | | | | | | | | | | | | | |
| COMPLETE | 0 | | | Kim | Sanders | 3479 | U | O | 01/06/17 | B | | | | | | | | | | | | | | | | | | |
| COMPLETE | 0 | | | Raymond | Sanchez | 3327 | P | O | 01/06/17 | B | | | | | | | | | | | | | | | | | | |
| COMPLETE | 34 | | | Noah | Keller | 7858 | R | O | 01/06/17 | R | L | 01/12/17 | L | | | | 01/23/17 | B | | | 01/25/17 | L | | | 02/10/17 | R | L | Severe SNHL-left; EI, hrng aid |

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*.

| Number Complete | | 4 | | | | | | |
|--------------------|---------------------------|----------------|---|------------|-----------|---|---------|---|
| Status | Identifying Information | | | NHS | | | | |
| Completed Protocol | Number of Days in Process | Exited Program |  | | | Newborn Hearing Screening (Pass, Refer, Unknown, Not Screened) | | |
| | | | E | First Name | Last Name | ID # | P,R,U,N | |
| | | | COMPLETE | 0 | Marissa | Lee | 9875 | P |
| | | | COMPLETE | 0 | Kim | Sanders | 3479 | U |
| | | | COMPLETE | 0 | Raymond | Sanchez | 3327 | P |
| COMPLETE | 34 | Noah | Keller | 7858 | R | | | |

| Identifying Information | | | | NHS | |
|---|-----------|------|---------|--|--|
|  | | | | Newborn Hearing Screening (Pass, Refer, Unknown, Not Screened) | |
| First Name | Last Name | ID # | P,R,U,N | | |
| Marissa | Lee | 9875 | P | | |
| Kim | Sanders | 3479 | U | | |
| Raymond | Sanchez | 3327 | P | | |
| Noah | Keller | 7858 | R | | |

| Number with Permanent Hearing Loss | | 1 | | | | | |
|------------------------------------|------------------|---------------------------------|----------------|------------------------|------------------------|-----------------------------|-------|
| Inner Ear Outcome | | | | | | | |
| Audiological Evaluation | | | | | | | |
| 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 | NOTES |
| L,R,B | S | MM/DD/YY | L,R,B | L,R,B | L,R,B | L,R,B | |
| | | | | | | | |
| | | | | | | | |
| L | | 02/10/17 | R | | L | | |

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 “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.

| Number Complete | | 4 | | | | Pass Rate Screen 1 | | 75% | | |
|---------------------------|---|---|------------|-----------|------|--------------------|----------|----------|-------|-------|
| Status | Identifying Information | | | | NHS | Hearing | | | | |
| | Early Childhood Hearing Outreach kidshearing.org | | | | | Type | Screen 1 | | | |
| 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 |
| | | | | | | | | | | |
| Completed Protocol | | Identifying Information | | | | NHS | Hearing | | | |
| Number of Days in Process | | Early Childhood Hearing Outreach kidshearing.org | | | | | Type | Screen 1 | | |
| 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 |
| | | | | | | | | | | |
| COMPLETE | 0 | | Marissa | Lee | 9875 | P | O | 01/06/17 | B | |
| COMPLETE | 0 | | Kim | Sanders | 3479 | U | O | 01/06/17 | B | |
| COMPLETE | 0 | | Raymond | Sanchez | 3327 | P | O | 01/06/17 | B | |
| COMPLETE | 34 | | Noah | Keller | 7858 | R | O | 01/06/17 | R | L |

| Type | Screen 1 | | | |
|-----------------------------------|------------------|------|------------------------------|-------|
| Screening Type - OAE or Pure Tone | Date of Screen 1 | Pass | Not Pass (Refer, Can't Test) | |
| | | | L,R,B | L,R,B |
| O | 01/06/17 | B | | |
| O | 01/06/17 | B | | |
| O | 01/06/17 | B | | |
| O | 01/06/17 | R | | L |

| Number with Permanent Hearing Loss | | 1 | |
|------------------------------------|---------------------------------|------------------------------|--------------------------------|
| Inner Ear Outcome | | | |
| Rescreen | | Audiological Evaluation | |
| 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 |
| Date of Audiological Evaluation | Normal hearing | Temporary Hearing Loss | Permanent Hearing Loss |
| MM/DD/YY | L,R,B | L,R,B | L,R,B |
| | | Hearing Loss Prior to Entry | |
| | | | NOTES |
| 01/25/17 | L | | Severe SNHL-left; EI, hrng aid |

Screen 2

If the child did not pass **Screen 1** on one or both ears, when **Screen 2** has been completed, record results in the same manner.

Enter the date (mm/dd/yy) in *Date of Screen 2* column. The number of days between the *Date of Screen 1* and the *Date of Screen 2* will be automatically calculated and displayed in the *Number of Days in Process* column.

If both ears passed the **Screen 2**, record "B" in the *Pass* column. If only one ear passed **Screen 2**, 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.

If a child leaves the program before **Screen 2** is completed, enter "E" in the *Exited Program* column. If the child is skipped ahead to the **Middle Ear Consultation**, rather than having **Screen 2** completed, enter "S" in the *Skipped Screen 2* column.

| Number Complete | | 4 | | | | Pass Rate Screen 1 | | 75% | | | | Number with Permanent Hearing Loss | | 1 | | | | | |
|--------------------|---------------------------|----------------|-------------------------|-----------|----------|--------------------|----------|----------|-------|-------|----------|------------------------------------|---|-------------------|-------------------------|-------|-------|-------|--------------------------------|
| Completed Protocol | Number of Days in Process | Exited Program | Identifying Information | | | Hearing Screen | | | | | | | | Inner Ear Outcome | | | | | |
| | | | First Name | Last Name | ID # | Type | Screen 1 | | | | Screen 2 | | | | Audiological Evaluation | | Notes | | |
| E | | | 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 | L,R,B | S | MM/DD/YY | L,R,B | L,R,B | L,R,B | L,R,B | |
| COMPLETE | 0 | | Marissa | Lee | 9875 | P | O | 01/06/17 | B | | | | | | | | | | |
| COMPLETE | 0 | | Kim | Sanders | 3479 | U | O | 01/06/17 | B | | | | | | | | | | |
| COMPLETE | 0 | | Raymond | Sanchez | 3327 | P | O | 01/06/17 | B | | | | | | | | | | |
| COMPLETE | 34 | | Noah | Keller | 7858 | R | O | 01/06/17 | R | L | 01/12/17 | | L | | | | | | Severe SNHL-left; EI, hrng aid |

| Screen 2 | | | |
|------------------|---------------------------------|------------------------------|------------------|
| Date of Screen 2 | Pass - Program Hearing Rescreen | Not Pass (Refer, Can't Test) | Skipped Rescreen |
| MM/DD/YY | L,R,B | L,R,B | S |
| 01/12/17 | | L | |


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.

| Number Complete | | 4 | | Pass Rate Screen 1 | | 75% | | | | | | | | | | | |
|--|-------------------------|---------------------------|-----------------|--|----------|-----------------------------------|-------------------------|---------------------------------|----------|----------|-------|---|----------|----------|-------|---|--|
| Status | Identifying Information | | | Hearing Screen | | Middle Ear Consultation | | | | | | | | | | | |
| | Completed Protocol | Number of Days in Process | Exited Program | Type | Screen 1 | Screen 2 | Middle Ear Consultation | | | | | | | | | | |
|  | | | | Newborn Hearing Screening (Pass, Refer, Unknown, Not Screened) | | Screening Type - OAE or Pure Tone | | Date of Middle Ear Consultation | | | | | | | | | |
| | | | | 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 | 0 | | Marissa Lee | 9875 | P | O | 01/06/17 | B | | | | | | | | | |
| COMPLETE | 0 | | Kim Sanders | 3479 | U | O | 01/06/17 | B | | | | | | | | | |
| COMPLETE | 0 | | Raymond Sanchez | 3327 | P | O | 01/06/17 | B | | | | | | | | | |
| COMPLETE | 34 | | Noah Keller | 7858 | R | O | 01/06/17 | R | L | 01/12/17 | | L | | 01/23/17 | 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 |
| 01/23/17 | 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.

| Number Complete | | 4 | | Pass Rate Screen 1 | | 75% | | | | | | | | | | | | | | |
|-----------------|-------------------------|----------------|------------|--------------------|-------|----------------|----------|----------|-------|----------|-------------------------|----------|---------------------------------|--|--------------------------------|---------------------------------|------------------|---------------------------------|------------------------------|------------------|
| Status | Identifying Information | | | | NHS | Hearing Screen | | | | | Middle Ear Consultation | Rescreen | | | | | | | | |
| | Completed Protocol | Exited Program | First Name | Last Name | | ID # | Type | Screen 1 | | Screen 2 | | | 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 |
| MM/DD/YY | | | | | L,R,B | | | MM/DD/YY | L,R,B | S | MM/DD/YY | L,R,B | | | | | | | | |
| COMPLETE | 0 | Marissa | Lee | 9875 | P | O | 01/06/17 | B | | | | | | | | | | | | |
| COMPLETE | 0 | Kim | Sanders | 3479 | U | O | 01/06/17 | B | | | | | | | | | | | | |
| COMPLETE | 0 | Raymond | Sanchez | 3327 | P | O | 01/06/17 | B | | | | | | | | | | | | |
| COMPLETE | 34 | Noah | Keller | 7858 | R | O | 01/06/17 | R | L | 01/12/17 | | L | | 01/23/17 | B | | | 01/25/17 | | L |

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 |
| | | | |
| 01/25/17 | | L | |

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 75% | | | | | | | | | | Number with Permanent Hearing Loss 1 | | | | | | | | | | | | | | | |
|--------------------------|---------------------------|------------------------------------|---|-----------------------------------|------------------|------------------------------|----------|----------|----------|---------------------------------|------------------------------|---|-------------------|----------|------------------|---------------------------------|-------------------------|--|--------------------------------|---------------------------------|------------------|---------------------------------|----------|------------------------------|------------------|---------------------------------|--------------------------------|
| Number Complete 4 | | Pass Rate Screen 1 75% | | | | | | | | | | Number with Permanent Hearing Loss 1 | | | | | | | | | | | | | | | |
| Status | Identifying Information | NHS | Hearing Screen | | | | | | | | | | Inner Ear Outcome | | | | | | | | | | | | | | |
| | | | Type | Screen 1 | | | | | Screen 2 | | | | | Rescreen | | | Audiological Evaluation | | | | | | | | | | |
| Completed Protocol | Number of Days in Process | Hearing Outreach earing.org | Newborn Hearing Screening (Pass, Refer, Unknown, Not Screened) | Screening Type - OAE or Pure Tone | Date of Screen 1 | | | | | Date of Screen 2 | | | | | Date of Rescreen | | | Date of Audiological Evaluation | | | | | | | | | |
| | | | | | Pass | Not Pass (Refer, Can't Test) | | | | 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 |
| Time | 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 | S | MM/DD/YY | L,R,B | L,R,B | L,R,B | NOTES | | | | |
| COMPLETE | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMPLETE | 0 | 9875 | P | O | 01/06/17 | B | | | | | | | | | | | | | | | | | | | | | |
| COMPLETE | 0 | 3479 | U | O | 01/06/17 | B | | | | | | | | | | | | | | | | | | | | | |
| COMPLETE | 0 | 3327 | P | O | 01/06/17 | B | | | | | | | | | | | | | | | | | | | | | |
| COMPLETE | 34 | 7858 | R | O | 01/06/17 | R | L | 01/12/17 | | L | | | | | 01/23/17 | B | | | 01/25/17 | | L | | 02/10/17 | R | L | L | Severe SNHL-left; EI, hrng aid |