

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

## Form : Follow up Form

### Section Name: Header - Outcome/Follow Up

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1			Follow up month	The indication of follow up month. Categorised as Month 6 / Month 12 / Month 24 / Month 36 / Others	1:Month 6; 2:Month 12; 3:Month 24; 4:Month 36; 99:Others; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

## Form : Notification Form

### Section Name: Header

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		i	Centre Code	A unique identifying number assigned to a source data provider (SDP) by the Registry manager and / or the steering committee for the purpose of reporting to central data coordinator.		<input type="checkbox"/>	<input type="checkbox"/>
2		ii	Reporting centre name	Name of reporting centre (e.g the name of the hospital)		<input type="checkbox"/>	<input type="checkbox"/>
3		iii	Date of notification	The date record was created for this admission / registry OR the date Source Data Provider (SDP) was informed/ notify of this admission / registry. Also known as date of enrollment. This date could be autofilled as date data entry or manually completed by the SDP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4		iv	Date first consultation			<input checked="" type="checkbox"/>	<input type="checkbox"/>
5		v	Reporter name			<input type="checkbox"/>	<input type="checkbox"/>

## Form : Notification Form

### Section Name: Section 1 : Patient Details & Demographics

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Name	1	Name	Name of the patient as registered in the MyKad or the applicable legal identification documents in CAPITAL LETTER and in FULL		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	NRIC	2a	NRIC	Patient's identity card number. The numbering of the individual MyKad utilizes a 12-digit numbering system (usual format: YYMMDD-BP-###G) known as the Identification Card number (IC) is issued to MyKad holders. - YYMMDD represent the patient's birth date -The odd numbers for G denotes male while the even numbers denote female -codes used for BP which represent the state of birth (within Malaysia) and country of birth (outside Malaysia).		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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3	NRIC	2b	Other ID document No.	Only Applicable if MyKad and Old IC are not available	<input type="checkbox"/>	<input type="checkbox"/>	
4	NRIC	2c	Specify document type (if others)	Type of document ID that was used if MyKad and Old IC number are not available. Categorized as Old IC/New IC/Army/Police/Mother's IC/Father's IC/Work Permit/Passport/Birth Certificate/Pension Card/Others	01:Old IC; 03:Army; 04:Police; 05:Mother's IC; 06:Father's IC; 07:Work Permit; 08:Passport; 09:Birth Certificate; 10:Pension Card; 99:Others; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
5	NRIC	2d	Others	Specification of the document type if Other ID document is coded to "Others" and none of the listed categories are applicable	<input type="checkbox"/>	<input type="checkbox"/>	
6	Parents details	3a.i	Father		<input type="checkbox"/>	<input type="checkbox"/>	
7	Father	3a.ii	Name	Name of the patient's father as registered in the MyKad or the applicable legal identification documents in CAPITAL LETTER and in FULL	<input type="checkbox"/>	<input type="checkbox"/>	
8	Father	3a.iii	IC No	Father's identity card number. The numbering of the individual MyKad utilizes a 12-digit numbering system (usual format: YYMMDD-BP-###G) known as the Identification Card number (IC) is issued to MyKad holders. - YYMMDD represent the patient's birth date -The odd numbers for G denotes male while the even numbers denote female -codes used for BP which represent the state of birth (within Malaysia) and country of birth (outside Malaysia).	<input type="checkbox"/>	<input type="checkbox"/>	
9	Parents details	3b.i	Mother		<input type="checkbox"/>	<input type="checkbox"/>	
10	Mother	3b.ii	Name	Name of the patient's mother as registered in the MyKad or the applicable legal identification documents in CAPITAL LETTER and in FULL	<input type="checkbox"/>	<input type="checkbox"/>	
11	Mother	3b.iii	IC No	Mother's identity card number. The numbering of the individual MyKad utilizes a 12-digit numbering system (usual format: YYMMDD-BP-###G) known as the Identification Card number (IC) is issued to MyKad holders. - YYMMDD represent the patient's birth date -The odd numbers for G denotes male while the even numbers denote female -codes used for BP which represent the state of birth (within Malaysia) and country of birth (outside Malaysia).	<input type="checkbox"/>	<input type="checkbox"/>	
12	Parents details	3c	Not applicable		<input type="checkbox"/>	<input type="checkbox"/>	

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13	Address	4a	Address	The address of the physical location where the patient resides / Patient's Current Address SDP / Central registries carry out follow-up by contacting the patients by a letter or telephone calls to ascertain their vital status (especially for patients who are lost to follow up) . The most current reported address and telephone number are needed.	<input type="checkbox"/>	<input type="checkbox"/>	
14	Address	4b	Postcode	Postcode of Patient's current place of residence. Postcode - 5 number series that denotes the area of residence.	<input type="checkbox"/>	<input type="checkbox"/>	
15	Address	4c	Town/ City	The name of the town and or city that the patient is currently residing in. It can also be the name of the village.	<input type="checkbox"/>	<input type="checkbox"/>	
16	Address	4d	State	The current state of residence. It can be any ONE of the 14 states in Malaysia or other specify if not local. 01:Johor Darul Takzim, 02:Kedah Darul Aman, 03:Kelantan Darul Naim, 04:Melaka, 05:Negeri Sembilan Darul Khusus, 06:Pahang Darul Makmur, 07:Perak Darul Ridzuan, 08:Perlis Indera Kayangan, 09:Pulau Pinang, 10:Sabah, 11:Sarawak, 12:Selangor Darul Ehsan, 13:Terengganu Darul Iman, 14:Wilayah Persekutuan Kuala Lumpur, 15:Wilayah Persekutuan Labuan, 16:Wilayah Persekutuan Putrajaya or 8888: Not applicable - Foreign	1:Johor Darul Takzim; 2:Kedah Darul Aman; 3:Kelantan Darul Naim; 4:Melaka; 5:Negeri Sembilan Darul Khusus; 6:Pahang Darul Makmur; 7:Perak Darul Ridzuan; 8:Perlis Indera Kayangan; 9:Pulau Pinang; 10:Sabah; 11:Sarawak; 12:Selangor Darul Ehsan; 13:Terengganu Darul Iman; 14:Wilayah Persekutuan Kuala Lumpur; 15:Wilayah Persekutuan Labuan; 16:Wilayah Persekutuan Putrajaya; 8888: Not applicable - Foreign; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
17	Contact Number	5a	Contact Telephone	Current residence phone number - Homephone (###-#####)	<input type="checkbox"/>	<input type="checkbox"/>	
18	Contact Number	5b	Contact H/P	Current mobile/handphone number (###-#####)	<input type="checkbox"/>	<input type="checkbox"/>	
19		6	Email address		<input type="checkbox"/>	<input type="checkbox"/>	
20	Gender	7	Gender	The person's biological sex refers to the biological differences between males and females (the assemblage of physical properties or qualities by which male is distinguished from female), and not referring to a person's social role (masculine or feminine). Information collected for transsexuals and transgender people should be treated in the same manner, ie, their biological sex reported. Identification of gender is based upon self-report and may come from a form, questionnaire, interview, etc.	L:Male; P:Female; R:Ambiguous; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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21	Date of Birth	8a	Date of Birth	The date the patient was born and recorded on their birth certificate. If the date of birth is not known, provision should be made to collect age (in years) and a date of birth derived from age OR if exact date is not known, please enter 01/07/yyyy		<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	Date of Birth	8b	Estimate / presume Year	If date of birth is not known, provision should be made to collect age (in years) and a date of birth derived from age. (if exact date is not known, please enter 01/07/yyyy)		<input type="checkbox"/>	<input type="checkbox"/>
23	Age	9a	Age, year(s)	Derived Patient's Age Value (auto-calculated). Age is calculated as the Date of Notification - Patient's Birth Date		<input checked="" type="checkbox"/>	<input type="checkbox"/>
24	Age	9b	Age, month(s)	Derived Patient's Age Value (auto-calculated). Age is calculated as the Date of Notification - Patient's Birth Date		<input type="checkbox"/>	<input type="checkbox"/>
25	Age	9c	Age, day(s)	Derived Patient's Age Value (auto-calculated). Age is calculated as the Date of Notification - Patient's Birth Date		<input type="checkbox"/>	<input type="checkbox"/>
26	Race	10a	Ethnic Group	Ethnic Group- categorized as Malay/Chinese/Indian/Bumiputera Sabah/Bajau/Dusun/Kadazan/Murut/Bumiputera Sabah Lain/Bumiputera Sarawak/Sarawak/Melanau/Kedayan/Iban/Bidayuh/Bumiputera Sarawak Lain/Orang Asli Semenanjung/Others/No Information 100:Malay; 200:Chinese; 300:Indian; 800:Bumiputera Sabah; 801:Bajau; 802:Dusun; 803:Kadazan; 804:Murut; 899:Bumiputera Sabah Lain; 1000:Bumiputera Sarawak; 1001:Melayu Sarawak; 1002:Melanau; 1003:Kedayan; 1004:Iban; 1005:Bidayuh; 1099:Bumiputera Sarawak Lain; 1200:Orang Asli Semenanjung; 1301:Others; 8888:Not available; 9999:Missing		<input checked="" type="checkbox"/>	<input type="checkbox"/>
27	Race	10b	Others			<input type="checkbox"/>	<input type="checkbox"/>
28		11a	Nationality	Nationality as per stated in the legal document	1:Citizen; 2:Permanent Resident; 3:Non-Citizen, specify country; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
29	Nationality	11b	Nationality, Others, specify	Country of birth or origin of patients who are not a the citizens of Malaysia		<input type="checkbox"/>	<input type="checkbox"/>

## Form : Notification Form

### Section Name: Section 2 : Education Level & Household Income

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
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1	Education level	1a	Children		1:Nursery / Home Care; 2:Pre School; 3:Primary; 8888:Not applicable; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
2	Education level	1b.i	Adult	The patient's highest grade / education levels completed or achieved. <input type="checkbox"/> -Primary school consists of six years of education, referred to as Standard 1 to Standard 6; <input type="checkbox"/> -Secondary schools offer education for a total of five years, starting with Form 1 and finishing at Form 5. <input type="checkbox"/> -Tertiary education including completed education in the public universities or attended private institutions of higher learning. This category includes the pre- university - Form 6 or the matriculation. This category also includes Postgraduate degrees <input type="checkbox"/> -Nil if patient did not receive any formal education or completed primary education	1:Nil; 2: Primary; 3:Secondary; 4:Tertiary; 5:Others, specify; 7777:Not applicable; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
3	Education level - Adult	1b.ii	Others, specify (text)			<input type="checkbox"/>	<input type="checkbox"/>
4		2	Household income per month	Household income is the sum of household money income and household income in kind that are or a recurring nature and accrue to individual members of the household regularly at annual or more frequent intervals. Sources : Household Income Survey Report 2002 (Prices, Income and Expenditure Statistics Division)	1: ≤ RM 999; 2:RM1000 - RM2499; 3:RM2500 - RM4999; 4:RM5000 - RM7499; 5:RM7500 - RM9999; 6: ≥ RM10000; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

## Form : Notification Form

### Section Name: Section 3 : Use Of Tobacco/ Parental Smoking History

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
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1	1	Use of tobacco/parental smoking	Indicated if the patient has a history confirming any form of tobacco use in the past. This includes use of cigarettes / cigars / pipes/ tobacco chewing. Categorised as: 'Smoker'; 'Non smoker'; and 'Unknown'. In 1996, The World Health Organization defined former smokers as those who have not smoked in the last year - this can be interpreted to mean a minimum of 1 year A recoded variable based on several questions about cigarette smoking. It includes the categories of current smoker, former smoker, never smoked, and smoking status unknown Never - An adult who has never smoked, or who has smoked less than 100 cigarettes in his or her lifetime. Former smoker- An adult who has smoked at least 100 cigarettes in his or her lifetime but who had quit smoking at the time of interview. Current smoker- An adult who has smoked 100 cigarettes in his or her lifetime and who currently smokes cigarettes. This group includes "every day" smokers or "some days" smokers.	1:Smoker; 2:Non smoker; 7777:Unknown; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
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## Form : Notification Form

### Section Name: Section 4 : Medical History

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Onset of hearing loss		1:Congenital; 2:Acquired; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Onset of hearing loss	1a	Onset of hearing loss, if Congenital		1:At birth; 2:Delayed; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
3	Onset of hearing loss	1b	Onset of hearing loss, if Acquired		1:Post lingual; 2:Pre lingual; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
4	Duration of onset	2a	Duration of onset, years	Duration of onset (auto calculated from Age at notification - Age of onset) - year(s)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Duration of onset	2b	Duration of onset, months	Duration of onset (auto calculated from Age at notification - Age of onset - month (s)		<input type="checkbox"/>	<input type="checkbox"/>
6	Duration of onset	2c	Duration of onset, days	Duration of onset (auto calculated from Age at notification - Age of onset) - day(s)		<input type="checkbox"/>	<input type="checkbox"/>
7	Age of onset	3a	Age of onset, years			<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Age of onset	3b	Age of onset, months			<input type="checkbox"/>	<input type="checkbox"/>
9	Age of onset	3c	Age of onset, days			<input type="checkbox"/>	<input type="checkbox"/>

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10		4	Progression of hearing loss	Sudden – hearing loss in three contiguous frequencies of greater than 30 dB within 72 hours / hearing loss at once. Gradual - onset more than 3 days.	1:Sudden; 2:Gradual; 7777:Not applicable; 8888:Not available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11		5	Laterality		1:Unilateral; 2:Bilateral; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
12		6	Family history of hearing loss		1:Yes; 2:No; 7777:Unknown; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
13	Family history of hearing loss	6a	1st degree	The degree and nature of the relationship between the patient and a blood relative with relevant medical history. First degree is defined as Relative with atleast 50% genetic link to patient. i.e Mother, Father, Daughter, Son, Full sister, and Full brother.		<input type="checkbox"/>	<input type="checkbox"/>
14	1st degree	6a.i	Mother			<input type="checkbox"/>	<input type="checkbox"/>
15	1st degree	6a.iii	Father			<input type="checkbox"/>	<input type="checkbox"/>
16	1st degree	6a.iii	Daughter			<input type="checkbox"/>	<input type="checkbox"/>
17	1st degree	6a.iv	Son			<input type="checkbox"/>	<input type="checkbox"/>
18	1st degree	6a.v	Full sister			<input type="checkbox"/>	<input type="checkbox"/>
19	1st degree	6a.vi	Full brother			<input type="checkbox"/>	<input type="checkbox"/>
20	1st degree	6a.vii	Others, specify			<input type="checkbox"/>	<input type="checkbox"/>
21	1st degree	6a.viii	Others, specify (text)			<input type="checkbox"/>	<input type="checkbox"/>
22	Family history of hearing loss	6b	2nd degree	The degree and nature of the relationship between the patient and a blood relative with relevant medical history. First degree is defined as Relative with atleast 25% genetic link to patient. i. e Grandmother, Grandfather, Granddaughter, Grandson, Aunt, Uncle, Niece, Nephew, Half Sister, and Half Brother		<input type="checkbox"/>	<input type="checkbox"/>
23	2nd degree	6b.i	Grandmother			<input type="checkbox"/>	<input type="checkbox"/>
24	2nd degree	6b.ii	Grandfather			<input type="checkbox"/>	<input type="checkbox"/>
25	2nd degree	6b.iii	Granddaughter			<input type="checkbox"/>	<input type="checkbox"/>
26	2nd degree	6b.iv	Grandson			<input type="checkbox"/>	<input type="checkbox"/>
27	2nd degree	6b.v	Aunt			<input type="checkbox"/>	<input type="checkbox"/>
28	2nd degree	6b.vi	Uncle			<input type="checkbox"/>	<input type="checkbox"/>
29	2nd degree	6b.vii	Niece			<input type="checkbox"/>	<input type="checkbox"/>
30	2nd degree	6b.viii	Nephew			<input type="checkbox"/>	<input type="checkbox"/>
31	2nd degree	6b.ix	Half sister			<input type="checkbox"/>	<input type="checkbox"/>

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32	2nd degree	6b.x	Half brother		<input type="checkbox"/>	<input type="checkbox"/>
33	2nd degree	6b.xi	Others, specify		<input type="checkbox"/>	<input type="checkbox"/>
34	2nd degree	6b.xii	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
35	Family history of hearing loss	6c	3rd degree	The degree and nature of the relationship between the patient and a blood relative with relevant medical history. First degree is defined as Relative with atleast 12.5% genetic link to patient. i.e Great grandmother, Great grandfather, Great granddaughter, Great grandson, Great aunt, Great uncle, First female cousin, First male cousin, Grand Niece, and Grand Nephew	<input type="checkbox"/>	<input type="checkbox"/>
36	3rd degree	6c.i	Great grandmother		<input type="checkbox"/>	<input type="checkbox"/>
37	3rd degree	6c.ii	Great grandfather		<input type="checkbox"/>	<input type="checkbox"/>
38	3rd degree	6c.iii	Great granddaughter		<input type="checkbox"/>	<input type="checkbox"/>
39	3rd degree	6c.iv	Great grandson		<input type="checkbox"/>	<input type="checkbox"/>
40	3rd degree	6c.v	Great aunt		<input type="checkbox"/>	<input type="checkbox"/>
41	3rd degree	6c.vi	Great uncle		<input type="checkbox"/>	<input type="checkbox"/>
42	3rd degree	6c.vii	First female cousin		<input type="checkbox"/>	<input type="checkbox"/>
43	3rd degree	6c.viii	First male cousin		<input type="checkbox"/>	<input type="checkbox"/>
44	3rd degree	6c.ix	Grand Niece		<input type="checkbox"/>	<input type="checkbox"/>
45	3rd degree	6c.x	Grand Nephew		<input type="checkbox"/>	<input type="checkbox"/>
46	3rd degree	6c.xi	Others, specify		<input type="checkbox"/>	<input type="checkbox"/>
47	3rd degree	6c.xii	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
48		6c.xiii	Others, specify	Other Blood Relationship	<input type="checkbox"/>	<input type="checkbox"/>
49		6c.xiv	Others, specify (text)	Other Blood Relationship specify.	<input type="checkbox"/>	<input type="checkbox"/>
50	Systemic comorbidity	7a	None		<input type="checkbox"/>	<input type="checkbox"/>
51	Systemic comorbidity	7b	Hypertension	Hypertension is high blood pressure. Blood pressure is the force of blood pushing against the walls of arteries as it flows through them. Arteries are the blood vessels that carry oxygenated blood from the heart to the body's tissues	<input type="checkbox"/>	<input type="checkbox"/>
52	Systemic comorbidity	7c	Ischaemic heart disease	Ischaemic heart disease is a disease characterized by reduced blood supply to the heart. It is the most common cause of death in most western countries.	<input type="checkbox"/>	<input type="checkbox"/>



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53	Systemic comorbidity	7d	Diabetes mellitus	Diabetes Mellitus is a syndrome characterized by disordered metabolism and inappropriately high blood sugar (hyperglycaemia) resulting from either low levels of the hormone insulin or from abnormal resistance to insulin's effects coupled with inadequate levels of insulin secretion to compensate	<input type="checkbox"/>	<input type="checkbox"/>	
54	Systemic comorbidity	7e	Renal failure	Renal failure is the condition in which the kidneys fail to function adequately	<input type="checkbox"/>	<input type="checkbox"/>	
55	Systemic comorbidity	7f	ORL allergy	ORL allergy – example:- allergic rhinitis, allergic sinusitis, allergic pharyngitis, head and neck atopy	<input type="checkbox"/>	<input type="checkbox"/>	
56	Systemic comorbidity	7g	Cerebrovascular	Cerebrovascular disease is any disease by which the arteries in the brain, or are connected to the brain, are defective	<input type="checkbox"/>	<input type="checkbox"/>	
57	Systemic comorbidity	7h	Hyperthyroidism	is the clinical syndrome caused by an excess of circulating free thyroxine or both	<input type="checkbox"/>	<input type="checkbox"/>	
58	Systemic comorbidity	7i	Hyperlipidemia	is the presence of elevated or abnormal levels of lipids and/or lipoproteins in the blood	<input type="checkbox"/>	<input type="checkbox"/>	
59	Systemic comorbidity	7j	Connective tissue disease	the presence of myoglobin in the urine	<input type="checkbox"/>	<input type="checkbox"/>	
60	Systemic comorbidity	7k.i	Others, specify		<input type="checkbox"/>	<input type="checkbox"/>	
61	Systemic comorbidity	7k.ii	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>	
62	Systemic comorbidity	7l	Unknown		<input type="checkbox"/>	<input type="checkbox"/>	
63		8	Associated symptoms	Associated symptoms – at the time of prevalence.	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
64	Associated symptoms	8a	Ringling in ears/Tinnitus	is the perception of sound in the human ear in the absence of corresponding external sound(s).	<input type="checkbox"/>	<input type="checkbox"/>	
65	Ringling in ears/Tinnitus	8a.i	Right		<input type="checkbox"/>	<input type="checkbox"/>	
66	Ringling in ears/Tinnitus	8a.ii	Left		<input type="checkbox"/>	<input type="checkbox"/>	
67	Associated symptoms	8b	Fullness		<input type="checkbox"/>	<input type="checkbox"/>	
68	Fullness	8b.i	Right		<input type="checkbox"/>	<input type="checkbox"/>	
69	Fullness	8b.ii	Left		<input type="checkbox"/>	<input type="checkbox"/>	
70	Associated symptoms	8c	Otorrhoea	a discharge from the ears	<input type="checkbox"/>	<input type="checkbox"/>	
71	Otorrhoea	8c.i	Right	a discharge from the ears - right	<input type="checkbox"/>	<input type="checkbox"/>	
72	Otorrhoea	8c.ii	Left	a discharge from the ears - left	<input type="checkbox"/>	<input type="checkbox"/>	

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73	Associated symptoms	8d	Otalgia	Pain in the ear; earache		<input type="checkbox"/>	<input type="checkbox"/>
74	Otalgia	8d.i	Right	Pain in the ear; earache - right		<input type="checkbox"/>	<input type="checkbox"/>
75	Otalgia	8d.ii	Left	Pain in the ear; earache - left		<input type="checkbox"/>	<input type="checkbox"/>
76	Associated symptoms	8e	Vertigo	Vertigo- hallucination of rotator		<input type="checkbox"/>	<input type="checkbox"/>
77	Associated symptoms	8f.i	Others, specify			<input type="checkbox"/>	<input type="checkbox"/>
78	Associated symptoms	8f.ii	Others, specify (text)			<input type="checkbox"/>	<input type="checkbox"/>
79		9	Speech development		1:Normal; 2:Delayed; 7777:Not applicable; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

## Form : Notification Form

### Section Name: Section 5 : Risk Factor Of Hearing Loss

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Low birth weight (< 1.5 kg)		1:Yes; 2:No; 7777:Not applicable; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
2		2	Apgar score at 5 min ≤ 3		1:Yes; 2:No; 7777:Not applicable; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
3		3a	Neonatal jaundice		1:Yes; 2:No; 7777:Not applicable; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
4		3b	Neonatal jaundice, if Yes		1:Phototherapy; 2:Exchange transfusion; 3:No treatment; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
5		4	Immunization	Immunization- Based on ministry of health / national maternal and child health Immunization schedule. If information is not available please check the no information.	1:Complete; 2:Incomplete; 3:No information; 7777:Not applicable; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
6		5a	Prematurity		1:Yes; 2:No; 7777:Not applicable; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
7		5b	Prematurity, if Yes			<input type="checkbox"/>	<input type="checkbox"/>
8		6	Maternal illness	Maternal Illness and Complications During Pregnancy increase the chance of babies being born with a birth defect.	1:Yes; 2:No; 7777:Not applicable; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
9	Maternal illness	6a	TORCHES	Acronym for toxoplasmosis, other, rubella virus, cytomegalovirus, and herpes simplex viruses, a group of agents that can infect the fetus or the newborn, causing a constellation of morbid effects called the TORCH syndrome.		<input type="checkbox"/>	<input type="checkbox"/>

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10	TORCHES	6a.i	Toxoplasma	a genus of sporozoa that are intracellular parasites of many organs and tissues of birds and mammals, including humans. T. gondii is the etiologic agent of toxoplasmosis.	<input type="checkbox"/>	<input type="checkbox"/>
11	TORCHES	6a.ii	Syphilis	An infectious systemic disease that may be either congenital / acquired through sexual contact / contaminated needles	<input type="checkbox"/>	<input type="checkbox"/>
12	TORCHES	6a.iii	Rubella	A mild contagious eruptive disease caused by a virus and capable of producing congenital defects in infants born to mothers infected during the first three months of pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
13	TORCHES	6a.iv	Herpes	Any inflammatory skin disease marked by the formation of small vesicles in clusters	<input type="checkbox"/>	<input type="checkbox"/>
14	TORCHES	6a.v	Cytomegalovirus	Any of a group of highly host-specific herpesviruses, infecting humans, monkeys, or rodents, producing unique large cells with intranuclear inclusions; the virus can cause a variety of clinical syndromes, collectively known as cytomegalic inclusion disease, although most infections are mild or subclinical.	<input type="checkbox"/>	<input type="checkbox"/>
15	Maternal illness	6b	Ototoxic	Having a toxic effect on the structures of the ear, especially on its nerve supply	<input type="checkbox"/>	<input type="checkbox"/>
16	Maternal illness	6c	Measles	An acute and highly contagious viral disease marked by distinct red spots followed by a rash, occurs primary in children	<input type="checkbox"/>	<input type="checkbox"/>
17	Maternal illness	6d	Mumps	Mumps is a relatively mild short-term viral infection of the salivary glands that usually occurs during childhood	<input type="checkbox"/>	<input type="checkbox"/>
18	Maternal illness	6e	Other viral infection	infection by a virus that is pathogenic to humans	<input type="checkbox"/>	<input type="checkbox"/>
19		7a	Hereditary illness	Syndromic – hearing loss that occurs with abnormalities in other parts of the body. Non syndromic – hearing loss that is not associated with other sign and symptoms.	<input type="checkbox"/>	<input type="checkbox"/>

1:Syndromic; 2:Non syndromic; 8888:Not available; 9999:Missing

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20	7b	Syndrome		1:Treacher Collins syndrome; 2:Pierre Robin sequence; 3:Apert Syndrome; 4:Crouzon Syndrome; 5:Velocardiofacial Syndrome; 6:Congenital cytomegalo virus; 7:Usher syndrome; 8:Branchio-oto-renal syndrome; 9:Pendred syndrome; 10:CHARGE Association; 11:Neurofibromatosis type II; 12:Waardenburg syndrome; 13:Freeman-Sheldon syndrome; 14:Down's syndrome; 15:Alport Syndrome; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
21	8	Parents consanguinity marriage	Marriage or partnership of the parents which is between two close relatives	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
22	9a	None			<input type="checkbox"/>	<input type="checkbox"/>
23	9b	Meningitis	Meningitis is swelling and irritation (inflammation) of the membranes covering the brain and spinal cord		<input type="checkbox"/>	<input type="checkbox"/>
24	9c	Measles	An infection caused by a virus, which causes an illness displaying a characteristic skin rash known as an exanthem		<input type="checkbox"/>	<input type="checkbox"/>
25	9d	Mumps	A relatively mild short term viral infection of the salivary glands that usually occurs during childhoods		<input type="checkbox"/>	<input type="checkbox"/>
26	9e	Viral infection	An infection disease		<input type="checkbox"/>	<input type="checkbox"/>
27	9f	Ototoxic medication	Being adverse effects on organs / nerves involved in hearing / balance		<input type="checkbox"/>	<input type="checkbox"/>
28	9h	Trauma	Psychological or emotional damage		<input type="checkbox"/>	<input type="checkbox"/>
29	9h.i	Ear injury			<input type="checkbox"/>	<input type="checkbox"/>
30	9h.ii	Head injury			<input type="checkbox"/>	<input type="checkbox"/>
31	9h.iii	Barotrauma	Injury due to pressure, as to structures of the ear, in high-altitude flyers, owing to differences between atmospheric and intratympanic pressures		<input type="checkbox"/>	<input type="checkbox"/>
32	9i	Noise exposure			<input type="checkbox"/>	<input type="checkbox"/>
33	9i.i	Industrial noise	Consider mainly to environmental health in heavy industries. Example: shipping, coal mining.		<input type="checkbox"/>	<input type="checkbox"/>
34	9i.ii	Occupational noise	If hearing deteriorated and once working in constantly noisy environment example army.		<input type="checkbox"/>	<input type="checkbox"/>

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35	9i.iii	Lifestyle/Hobbies	Example using MP3, loud music, hunting	<input type="checkbox"/>	<input type="checkbox"/>
36	9g	Prolonged ventilation		<input type="checkbox"/>	<input type="checkbox"/>
37	9j.i	Others, specify		<input type="checkbox"/>	<input type="checkbox"/>
38	9j.ii	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
39	9k	Unknown		<input type="checkbox"/>	<input type="checkbox"/>

## Form : Notification Form

### Section Name: Section 6 : Clinical Examination

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Undergone hearing screening - Method of hearing screening	4a.iii.2	AABR			<input type="checkbox"/>	<input type="checkbox"/>
2	Undergone hearing screening - Method of hearing screening	4a.iii.1	OAE			<input type="checkbox"/>	<input type="checkbox"/>
3	Undergone hearing screening	4a.i	Date of screening			<input type="checkbox"/>	<input type="checkbox"/>
4	Ear assessment	1a	External ear deformity		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
5	External ear deformity	1a.i	Microtia	Microtia is a congenital deformity of the pinna (outer ear). It can be (small ear) unilateral (one side only) / bilateral (affecting both sides)		<input type="checkbox"/>	<input type="checkbox"/>
6	Microtia	1a.i.1	Right			<input type="checkbox"/>	<input type="checkbox"/>
7	Microtia	1a.i.2	Left			<input type="checkbox"/>	<input type="checkbox"/>
8	External ear deformity	1a.ii	Canal atresia/stenosis	Stenosis is an abnormal narrowing in a blood vessel / other tubular organ		<input type="checkbox"/>	<input type="checkbox"/>
9	Canal atresia/stenosis	1a.ii.1	Right			<input type="checkbox"/>	<input type="checkbox"/>
10	Canal atresia/stenosis	1a.ii.2	Left			<input type="checkbox"/>	<input type="checkbox"/>
11		1b	Tympanic membrane/middle ear		1:Normal; 2:Abnormal; 3:Not visualized; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
12	Tympanic membrane/middle ear	1b.i	Perforation	An abnormal opening in a hollow organ or viscus, as one made by rupture or injury.		<input type="checkbox"/>	<input type="checkbox"/>
13	Perforation	1b.i.1	Right			<input type="checkbox"/>	<input type="checkbox"/>
14	Perforation	1b.i.2	Left			<input type="checkbox"/>	<input type="checkbox"/>

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15	Tympanic membrane/middle ear	1b.ii	Retraction		<input type="checkbox"/>	<input type="checkbox"/>
16	Retraction	1b.ii.1	Right		<input type="checkbox"/>	<input type="checkbox"/>
17	Retraction	1b.ii.2	Left		<input type="checkbox"/>	<input type="checkbox"/>
18	Tympanic membrane/middle ear	1b.iii	Cholesteatoma	Cholesteatoma a cystlike mass lined with stratified squamous epithelium filled with desquamating debris, often including cholesterol, usually in the middle ear and mastoid region.	<input type="checkbox"/>	<input type="checkbox"/>
19	Cholesteatoma	1b.iii.1	Right		<input type="checkbox"/>	<input type="checkbox"/>
20	Cholesteatoma	1b.iii.2	Left		<input type="checkbox"/>	<input type="checkbox"/>
21	Tympanic membrane/middle ear	1b.iv	Air fluid level/dull/bubble		<input type="checkbox"/>	<input type="checkbox"/>
22	Air fluid level/dull/bubble	1b.iv.1	Right		<input type="checkbox"/>	<input type="checkbox"/>
23	Air fluid level/dull/bubble	1b.iv.2	Left		<input type="checkbox"/>	<input type="checkbox"/>
24	Tympanic membrane/middle ear	1b.v	Hemotympanum	The presence of blood in the tympanic cavity of the middle ear	<input type="checkbox"/>	<input type="checkbox"/>
25	Hemotympanum	1b.v.1	Right		<input type="checkbox"/>	<input type="checkbox"/>
26	Hemotympanum	1b.v.2	Left		<input type="checkbox"/>	<input type="checkbox"/>
27	Tympanic membrane/middle ear	1b.vi.1	Others, specify		<input type="checkbox"/>	<input type="checkbox"/>
28	Tympanic membrane/middle ear	1b.vi.2	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
29	Craniofacial/Nose/Nasopharyngeal abnormalities	2a	Cleft palate/Submucous cleft	congenital anomaly in which the midportion of the soft or hard palate lacks proper mesodermal development. Nonunion of bone and muscle tissues of the soft and hard palates and concealment by the superficial intact mucoperiosteum. Also called occult cleft.	<input type="checkbox"/>	<input type="checkbox"/>
30	Craniofacial/Nose/Nasopharyngeal abnormalities	2b	Dysmorphism	an abnormality in morphologic development	<input type="checkbox"/>	<input type="checkbox"/>
31	Craniofacial/Nose/Nasopharyngeal abnormalities	2c	Adenoid	hypertrophy of the pharyngeal tonsils, usually seen in children	<input type="checkbox"/>	<input type="checkbox"/>
32	Craniofacial/Nose/Nasopharyngeal abnormalities	2d	Tumour	is an abnormal growth or mass of tissue	<input type="checkbox"/>	<input type="checkbox"/>

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33	Craniofacial/Nose/ Nasopharyngeal abnormalities	2e	Mucopurulent discharge	is the emission or secretion of fluid containing mucus and pus from the eye, nose, cervix, vagina, or other part of the body due to infection and inflammation.		<input type="checkbox"/>	<input type="checkbox"/>
34	Craniofacial/Nose/ Nasopharyngeal abnormalities	2f	Others craniofacial /Nose/ Nasopharyngeal abnormalities			<input type="checkbox"/>	<input type="checkbox"/>
35	Craniofacial/Nose/ Nasopharyngeal abnormalities	2g	Others, specify (text)			<input type="checkbox"/>	<input type="checkbox"/>
36	Craniofacial/Nose/ Nasopharyngeal abnormalities	2h	None			<input type="checkbox"/>	<input type="checkbox"/>
37	Radiological investigation	3a	CT		1:Normal; 2:Abnormal; 7777:Not applicable; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
38	Radiological investigation	3b	MRI		1:Normal; 2:Abnormal; 7777:Not applicable; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
39	Hearing assessment	4a	Undergone hearing screening		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
40		4a.i.1	Age of screening - days			<input type="checkbox"/>	<input type="checkbox"/>
41		4a.i.2	Age of screening - months			<input type="checkbox"/>	<input type="checkbox"/>
42	Undergone hearing screening - Result of hearing screening	4a.ii.1a	Right			<input type="checkbox"/>	<input type="checkbox"/>
43	Undergone hearing screening - Result of hearing screening	4a.ii.1b	Right, result	Screening if failed go to Hearing Loss & CI. Screening if passed consider as Normal.	1:Pass; 2:Fail; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
44	Undergone hearing screening - Result of hearing screening	4a.ii.2a	Left			<input type="checkbox"/>	<input type="checkbox"/>
45	Undergone hearing screening - Result of hearing screening	4a.ii.2b	Left, result	Screening if failed go to Hearing Loss & CI. Screening if passed consider as Normal.	1:Pass; 2:Fail; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
46	Undergone hearing screening - Risk	4a.iii	Risk		1:High Risk; 2:Universal; 7777:Unknown; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
47	Hearing assessment - At diagnosis	4b.i	Date of diagnosis confirmed			<input checked="" type="checkbox"/>	<input type="checkbox"/>
48	Hearing assessment - At diagnosis	4b.ii.1	Age, years	Age at Diagnosis (auto calculated from Date of diagnosis - Date of Birth) - year(s)		<input type="checkbox"/>	<input type="checkbox"/>

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49	Hearing assessment - At diagnosis	4b.ii.2	Age, months	Age at Diagnosis (auto calculated from Date of diagnosis - Date of Birth) - month (s)	<input type="checkbox"/>	<input type="checkbox"/>
50	Hearing assessment - At diagnosis	4b.ii.3	Age, days	Age at Diagnosis (auto calculated from Date of diagnosis - Date of Birth) - day(s)	<input type="checkbox"/>	<input type="checkbox"/>
51	Hearing assessment - At diagnosis	4b.iii	Duration of confirmation	Duration from Date first consultation to Date of diagnosis (auto calculate)	<input type="checkbox"/>	<input type="checkbox"/>
52		4c.i	Test	1:PTA; 2:Play; 3:VRA; 4:SSEP; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
53	Audiological test - Right	4c.ii.1a	Air conduction threshold (0.25kHz)		<input type="checkbox"/>	<input type="checkbox"/>
54	Audiological test - Right	4c.ii.1b	Air conduction threshold (0.5kHz)		<input type="checkbox"/>	<input type="checkbox"/>
55	Audiological test - Right	4c.ii.1c	Air conduction threshold (1.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
56	Audiological test - Right	4c.ii.1d	Air conduction threshold (2.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
57	Audiological test - Right	4c.ii.1e	Air conduction threshold (3.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
58	Audiological test - Right	4c.ii.1f	Air conduction threshold (4.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
59	Audiological test - Right	4c.ii.1g	Air conduction threshold (8.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
60	Audiological test - Right	4c.ii.2a	Bone conduction threshold (0.25kHz)		<input type="checkbox"/>	<input type="checkbox"/>
61	Audiological test - Right	4c.ii.2b	Bone conduction threshold (0.5kHz)		<input type="checkbox"/>	<input type="checkbox"/>
62	Audiological test - Right	4c.ii.2c	Bone conduction threshold (1.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
63	Audiological test - Right	4c.ii.2d	Bone conduction threshold (2.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
64	Audiological test - Right	4c.ii.2e	Bone conduction threshold (3.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
65	Audiological test - Right	4c.ii.2f	Bone conduction threshold (4.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
66	Audiological test - Right	4c.ii.2g	Bone conduction threshold (8.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
67	Audiological test - Left	4c.iii.1a	Air conduction threshold (0.5kHz)		<input type="checkbox"/>	<input type="checkbox"/>
68	Audiological test - Left	4c.iii.1b	Air conduction threshold (0.5kHz)		<input type="checkbox"/>	<input type="checkbox"/>
69	Audiological test - Left	4c.iii.1c	Air conduction threshold (1.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
70	Audiological test - Left	4c.iii.1d	Air conduction threshold (2.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
71	Audiological test - Left	4c.iii.1e	Air conduction threshold (3.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>



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72	Audiological test - Left	4c.iii.1f	Air conduction threshold (4.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
73	Audiological test - Left	4c.iii.1g	Air conduction threshold (8.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
74	Audiological test - Left	4c.iii.2a	Bone conduction threshold (0.25kHz)	<input type="checkbox"/>	<input type="checkbox"/>
75	Audiological test - Left	4c.iii.2b	Bone conduction threshold (0.5kHz)	<input type="checkbox"/>	<input type="checkbox"/>
76	Audiological test - Left	4c.iii.2c	Bone conduction threshold (1.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
77	Audiological test - Left	4c.iii.2d	Bone conduction threshold (2.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
78	Audiological test - Left	4c.iii.2e	Bone conduction threshold (3.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
79	Audiological test - Left	4c.iii.2f	Bone conduction threshold (4.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
80	Audiological test - Left	4c.iii.2g	Bone conduction threshold (8.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
81	Audiological test	4c.iv.1a	Right	<input type="checkbox"/>	<input type="checkbox"/>
82		4c.iv.1b	Not available	<input type="checkbox"/>	<input type="checkbox"/>
83	Audiological test	4c.iv.2a	Left	<input type="checkbox"/>	<input type="checkbox"/>
84		4c.iv.2b	Not available	<input type="checkbox"/>	<input type="checkbox"/>
85	OAE	4c.v.1	Right	<input type="checkbox"/>	<input type="checkbox"/>
86	Right	4c.v.1a	Pass	<input type="checkbox"/>	<input type="checkbox"/>
87	Right	4c.v.1b	Refer	<input type="checkbox"/>	<input type="checkbox"/>
88	OAE	4c.v.2	Left	<input type="checkbox"/>	<input type="checkbox"/>
89	Left	4c.v.2a	Pass	<input type="checkbox"/>	<input type="checkbox"/>
90	Left	4c.v.2b	Refer	<input type="checkbox"/>	<input type="checkbox"/>
91		4c.v.3	Not available	<input type="checkbox"/>	<input type="checkbox"/>
92	Degree	4d.i	Mild	<input type="checkbox"/>	<input type="checkbox"/>
93	Mild	4d.i.1	Right	<input type="checkbox"/>	<input type="checkbox"/>
94	Mild	4d.i.2	Left	<input type="checkbox"/>	<input type="checkbox"/>
95	Degree	4d.ii	Moderate	<input type="checkbox"/>	<input type="checkbox"/>
96	Moderate	4d.ii.1	Right	<input type="checkbox"/>	<input type="checkbox"/>
97	Moderate	4d.ii.2	Left	<input type="checkbox"/>	<input type="checkbox"/>
98	Degree	4d.iii	Severe	<input type="checkbox"/>	<input type="checkbox"/>
99	Severe	4d.iii.1	Right	<input type="checkbox"/>	<input type="checkbox"/>
100	Severe	4d.iii.2	Left	<input type="checkbox"/>	<input type="checkbox"/>

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101	Degree	4d.iv	Profound			<input type="checkbox"/>	<input type="checkbox"/>
102	Profound	4d.iv.1	Right			<input type="checkbox"/>	<input type="checkbox"/>
103	Profound	4d.iv.2	Left			<input type="checkbox"/>	<input type="checkbox"/>
104	Type of hearing loss	4e.i	Sensorineural	Of, relating to, or involving the sensory nerves, especially as they affect the hearing		<input type="checkbox"/>	<input type="checkbox"/>
105	Sensorineural	4e.i.1	Right			<input type="checkbox"/>	<input type="checkbox"/>
106	Sensorineural	4e.i.2	Left			<input type="checkbox"/>	<input type="checkbox"/>
107	Type of hearing loss	4e.ii	Auditory neuropathy			<input type="checkbox"/>	<input type="checkbox"/>
108	Cochlear	4e.ii.1	Right			<input type="checkbox"/>	<input type="checkbox"/>
109	Cochlear	4e.ii.2	Left			<input type="checkbox"/>	<input type="checkbox"/>
110	Type of hearing loss	4e.iii	Conductive			<input type="checkbox"/>	<input type="checkbox"/>
111	Conductive	4e.iii.1	Right			<input type="checkbox"/>	<input type="checkbox"/>
112	Conductive	4e.iii.2	Left			<input type="checkbox"/>	<input type="checkbox"/>
113	Type of hearing loss	4e.iv	Mixed			<input type="checkbox"/>	<input type="checkbox"/>
114	Mixed	4e.iv.1	Right			<input type="checkbox"/>	<input type="checkbox"/>
115	Mixed	4e.iv.2	Left			<input type="checkbox"/>	<input type="checkbox"/>
116	Impedance test	5	Tympanogram	Tympanometry is an examination used to test the condition of the middle ear and mobility of the eardrum (tympanic membrane) and the conduction bones, by creating variations of air pressure in the ear canal.	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
117	Impedance test - Tympanogram	5a	Right			<input type="checkbox"/>	<input type="checkbox"/>
118	Impedance test - Tympanogram	5a.i	Right, type		1:A; 2:As; 3:Ad; 4:B; 5:C; 99:Others, specify; 7777:Not applicable; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
119	Impedance test - Tympanogram	5a.ii	Others, specify			<input type="checkbox"/>	<input type="checkbox"/>
120	Impedance test - Tympanogram	5b	Right			<input type="checkbox"/>	<input type="checkbox"/>
121	Impedance test - Tympanogram	5b.i	Left, type		1:A; 2:As; 3:Ad; 4:B; 5:C; 99:Others, specify; 7777:Not applicable; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
122	Impedance test - Tympanogram	5b.ii	Others, specify			<input type="checkbox"/>	<input type="checkbox"/>
123		6	Speech-language assessment		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

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124	Speech-language assessment - Listening skill	6a.i	Auditory awareness – achieved	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
125	Speech-language assessment - Listening skill	6a.ii	Ling Sound Test – achieved	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
126	Speech-language assessment - Listening skill	6a.iii	Auditory memory – achieved	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
127	Speech-language assessment - Language use	6b.i.1	First language	1:Malay; 2:English; 3:Mandarin; 4:Tamil; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
128	Speech-language assessment - Language use	6b.i.2	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
129	Speech-language assessment - Language use	6b.ii.1	Second language	1:Malay; 2:English; 3:Mandarin; 4:Tamil; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
130	Speech-language assessment - Language use	6b.ii.2	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
131	Speech-language assessment - Language use	6b.iii.1	Third language	1:Malay; 2:English; 3:Mandarin; 4:Tamil; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
132	Speech-language assessment - Language use	6b.iii.2	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
133	Speech-language assessment - Speech & language skill	6c.i	Preverbal skills – achieved	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
134	Speech-language assessment - Speech & language skill	6c.ii	Receptive language skill	1:0-6 months; 2:6-12 months; 3:12-18 months; 4:18-24 months; 5:24-30 months; 6:30-36 months; 7:36-42 months; 8:42-48 months; 9:48-54 months; 10:54-60 months; 11:60-66 months; 12:66-72 months; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

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135	Speech-language assessment - Speech & language skill	6c.iii	Expressive language skill	1:0-6 months; 2:6-12 months; 3:12-18 months; 4:18-24 months; 5:24-30 months; 6:30-36 months; 7:36-42 months; 8:42-48 months; 9:48-54 months; 10:54-60 months; 11:60-66 months; 12:66-72 months; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
136	Speech-language assessment - Speech & language skill	6c.iv	Speech	1:0-6 months; 2:6-12 months; 3:12-18 months; 4:18-24 months; 5:24-30 months; 6:30-36 months; 7:36-42 months; 8:42-48 months; 9:48-54 months; 10:54-60 months; 11:60-66 months; 12:66-72 months; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
137	Speech-language assessment	6d.i	Mode of Communication	1:Verbal; 2:Signing; 3:Cued speech; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
138	Speech-language assessment - Mode communication	6d.ii	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
139	Speech-language assessment	6e	Cognition level	1:0-6 months; 2:6-12 months; 3:12-18 months; 4:18-24 months; 5:24-30 months; 6:30-36 months; 7:36-42 months; 8:42-48 months; 9:48-54 months; 10:54-60 months; 11:60-66 months; 12:66-72 months; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
140	Speech-language assessment - Associated disorder	6f.i	None		<input type="checkbox"/>	<input type="checkbox"/>
141	Speech-language assessment - Associated disorder	6f.ii	Learning disorder		<input type="checkbox"/>	<input type="checkbox"/>
142	Speech-language assessment - Associated disorder	6f.iii	Autism spectrum disorder		<input type="checkbox"/>	<input type="checkbox"/>
143	Speech-language assessment - Associated disorder	6f.iv	ADHD		<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

144	Speech-language assessment - Associated disorder	6f.v	Others, specify		<input type="checkbox"/>	<input type="checkbox"/>
145	Speech-language assessment - Associated disorder	6f.vi	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
146	Speech-language assessment - Co-operation	6g.i	Parent	1:Poor; 2:Fair; 3:Good; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
147	Speech-language assessment - Co-operation	6g.ii	Patient	1:Poor; 2:Fair; 3:Good; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

## Form : Notification Form

### Section Name: Section 7 : Diagnosis

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Diagnosis ICD 10			<input type="checkbox"/>	<input type="checkbox"/>
2		2	Diagnosis ICD 10, specify			<input type="checkbox"/>	<input type="checkbox"/>
3		3	ICD 10			<input type="checkbox"/>	<input type="checkbox"/>
4		4	ICD 10, specify			<input type="checkbox"/>	<input type="checkbox"/>
1		1	Date of start medication			<input type="checkbox"/>	<input type="checkbox"/>
2	Medication	2a	Antibiotics			<input type="checkbox"/>	<input type="checkbox"/>
3	Medication	2b	Anti inflammatory agents	Preventing or reducing inflammation		<input type="checkbox"/>	<input type="checkbox"/>
4	Medication	2c	Vasodilators	A vasodilator is a drug or chemical that relaxes the smooth muscle in blood vessels, which causes them to dilate. Dilation of arterial blood vessels (mainly arterioles) lead to a decrease in blood pressure.		<input type="checkbox"/>	<input type="checkbox"/>
5	Medication	2d	Antiviral agents			<input type="checkbox"/>	<input type="checkbox"/>
6	Medication	2e	Diuretics	A diuretic is any drug that elevates the rate of bodily stool excretion (diuresis).		<input type="checkbox"/>	<input type="checkbox"/>
7	Medication	2f	Hyperbaric oxygen			<input type="checkbox"/>	<input type="checkbox"/>
8	Medication	2g	Rheologic agents	Substances that increase flow through blood vessels by altering the blood viscosity. Example; Pentoxifylline improves blood rheology by reducing the internal viscosity and mobility of the red blood cell membrane, improves the microcirculation, may improve Cochlear Blood Flow and increase oxygen transport capacity, basis for use in treatment of sudden sensorineural hearing loss		<input type="checkbox"/>	<input type="checkbox"/>

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9	Medication	2h	Complementary/traditional medicine	<input type="checkbox"/>	<input type="checkbox"/>
10	Medication	2i	Sinonasal	<input type="checkbox"/>	<input type="checkbox"/>
11		2j	Systemic	<input type="checkbox"/>	<input type="checkbox"/>
12		2k	Otic solution	<input type="checkbox"/>	<input type="checkbox"/>
13	Medication	2l.i	Others, specify	<input type="checkbox"/>	<input type="checkbox"/>
14	Medication	2l.ii	Others, specify (text)	<input type="checkbox"/>	<input type="checkbox"/>
1	Surgical - Mastoidectomy	5e.iv	Radical	<input type="checkbox"/>	<input type="checkbox"/>

## Form : Notification Form

### Section Name: Section 8 : Intervention - Section 8B : Surgical

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Surgical		Systemic			<input type="checkbox"/>	<input type="checkbox"/>
2	Surgical		Otic solution			<input type="checkbox"/>	<input type="checkbox"/>
3		1	Date of surgery			<input checked="" type="checkbox"/>	<input type="checkbox"/>
4		2	Date of discharge/Date of death			<input type="checkbox"/>	<input type="checkbox"/>
5		3	Date of admission			<input type="checkbox"/>	<input type="checkbox"/>
6		4	Length of hospital stay	Length of hospital stay (auto calculated from Date of admission - Date of discharge/Date of death)		<input type="checkbox"/>	<input type="checkbox"/>
7	Surgical	5a	Canal surgery			<input type="checkbox"/>	<input type="checkbox"/>
8	Surgica	5b	BAHA			<input type="checkbox"/>	<input type="checkbox"/>
9	Surgical	5c	Grommet			<input type="checkbox"/>	<input type="checkbox"/>
10	Surgical	5d	Lateral skull base surgery			<input type="checkbox"/>	<input type="checkbox"/>
11	Surgical	5e	Mastoidectomy	Mastoidectomy is a surgical procedure to remove an infected portion of the bone behind the ear when medical treatment is not effective. This surgery is rarely needed today because of the widespread use of antibiotics		<input type="checkbox"/>	<input type="checkbox"/>
12	Surgical	5e.i	Atticotomy	Incision into the tympanic attic		<input type="checkbox"/>	<input type="checkbox"/>
13	Surgical - Mastoidectomy	5e.ii	Cortical	Of, relating to, associated with, or depending on the cerebral cortex.		<input type="checkbox"/>	<input type="checkbox"/>
14	Surgical - Mastoidectomy	5e.iii	Modified radical	Total mastectomy with axillary lymph node dissection, but with preservation of the pectoral muscles		<input type="checkbox"/>	<input type="checkbox"/>
15	Surgical	5f	Myringoplasty / Tympanoplasty	Surgical repair of a damaged tympanic membrane.		<input type="checkbox"/>	<input type="checkbox"/>
16	Surgical	5g	Fenestration surgery			<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

17	Surgical	5h	Middle ear implant	<input type="checkbox"/>	<input type="checkbox"/>
18	Surgical	5i	Cochlear implant	<input type="checkbox"/>	<input type="checkbox"/>

## Form : Notification Form

### Section Name: Section 8 : Intervention - Section 8C : Audiological

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1			Mode of Communication		1:Verbal; 2:Signing; 3:Cued speech; 7777:Not applicable; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
2		1	Amplification		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
3	Amplification, If No	1a.i	Hearing monitoring			<input type="checkbox"/>	<input type="checkbox"/>
4	Amplification, If No	1a.ii	Auditory training			<input type="checkbox"/>	<input type="checkbox"/>
5	Amplification, If No	1a.iii	Others, specify			<input type="checkbox"/>	<input type="checkbox"/>
6	Amplification, If No	1a.iv	Others, specify (text)			<input type="checkbox"/>	<input type="checkbox"/>
7	Type of amplification	1b.i	ACHA			<input type="checkbox"/>	<input type="checkbox"/>
8	Type of amplification - ACHA	1b.i.1	BTE			<input type="checkbox"/>	<input type="checkbox"/>
9	Type of amplification - ACHA	1b.i.2	ITC			<input type="checkbox"/>	<input type="checkbox"/>
10	Type of amplification - ACHA	1b.i.3	ITE			<input type="checkbox"/>	<input type="checkbox"/>
11	Type of amplification - ACHA	1b.i.4	CIC			<input type="checkbox"/>	<input type="checkbox"/>
12	Type of amplification - ACHA	1b.i.5	CRT			<input type="checkbox"/>	<input type="checkbox"/>
13	Type of amplification - ACHA	1b.i.6	Body Worn			<input type="checkbox"/>	<input type="checkbox"/>
14	Type of amplification	1b.i.7	None			<input type="checkbox"/>	<input type="checkbox"/>
15	Type of amplification	1b.ii	BCHA			<input type="checkbox"/>	<input type="checkbox"/>
16	Type of amplification - BCHA	1b.ii.1	BAHA			<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

17	Type of amplification - BCHA	1b.ii.2	Conversional		<input type="checkbox"/>	<input type="checkbox"/>
18	Amplification	1c.i.1	Right		<input type="checkbox"/>	<input type="checkbox"/>
19	Amplification	1c.i.2	Date of fitting		<input type="checkbox"/>	<input type="checkbox"/>
20	Amplification	1c.i.3	Age of fitting, year	Age of fitting (auto calculated from Date of fitting - Date of birth)	<input type="checkbox"/>	<input type="checkbox"/>
21	Amplification	1c.i.4	Age of fitting, month	Age of fitting (auto calculated from Date of fitting - Date of birth)	<input type="checkbox"/>	<input type="checkbox"/>
22	Amplification	1c.i.5	Age of fitting, day	Age of fitting (auto calculated from Date of fitting - Date of birth)	<input type="checkbox"/>	<input type="checkbox"/>
23	Amplification	1c.i.6	Date of prescription		<input type="checkbox"/>	<input type="checkbox"/>
24	Amplification	1c.i.7	Duration of confirmation, year	Duration (auto calculated from Date of prescription to Date of fitting)	<input type="checkbox"/>	<input type="checkbox"/>
25	Amplification	1c.i.8	Duration of confirmation, month	Duration (auto calculated from Date of prescription to Date of fitting)	<input type="checkbox"/>	<input type="checkbox"/>
26	Amplification	1c.i.9	Duration of confirmation, day	Duration (auto calculated from Date of prescription to Date of fitting)	<input type="checkbox"/>	<input type="checkbox"/>
27	Amplification	1c.ii.1	Left		<input type="checkbox"/>	<input type="checkbox"/>
28	Amplification	1c.ii.2	Date of fitting		<input type="checkbox"/>	<input type="checkbox"/>
29	Amplification	1c.ii.3	Age of fitting, year	Age of fitting (auto calculated from Date of fitting - Date of birth)	<input type="checkbox"/>	<input type="checkbox"/>
30	Amplification	1c.ii.4	Age of fitting, month	Age of fitting (auto calculated from Date of fitting - Date of birth)	<input type="checkbox"/>	<input type="checkbox"/>
31	Amplification	1c.ii.5	Age of fitting, day	Age of fitting (auto calculated from Date of fitting - Date of birth)	<input type="checkbox"/>	<input type="checkbox"/>
32	Amplification	1c.ii.6	Date of prescription		<input type="checkbox"/>	<input type="checkbox"/>
33	Amplification	1c.ii.7	Duration of confirmation, year	Duration (auto calculated from Date of prescription to Date of fitting)	<input type="checkbox"/>	<input type="checkbox"/>
34	Amplification	1c.ii.8	Duration of confirmation, month	Duration (auto calculated from Date of prescription to Date of fitting)	<input type="checkbox"/>	<input type="checkbox"/>
35	Amplification	1c.ii.9	Duration of confirmation, day	Duration (auto calculated from Date of prescription to Date of fitting)	<input type="checkbox"/>	<input type="checkbox"/>
36	Amplification	1d.i.1	Right		<input type="checkbox"/>	<input type="checkbox"/>
37	Right - Price	1d.i.2	Price (RM/unit)	1:500 – 1000; 2:1001 – 1500; 3:1501 – 2000; 4:2001 – 2500; 5: 2501 – 3000; 6:3001 – 3500; 7:>3500; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
38	Amplification	1d.ii.1	Left		<input type="checkbox"/>	<input type="checkbox"/>
39	Left - Price	1d.ii.2	Price (RM/unit)	1:500 – 1000; 2:1001 – 1500; 3:1501 – 2000; 4:2001 – 2500; 5: 2501 – 3000; 6:3001 – 3500; 7:>3500; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>



# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

40	Amplification	1e	FM fitting	1:Yes; 2:No; 7777:Not applicable; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
41	Amplification - FM fitting, Side	1f.i.1	Right		<input type="checkbox"/>	<input type="checkbox"/>
42	Amplification - FM fitting, right	1f.i.2	Date of fitting		<input type="checkbox"/>	<input type="checkbox"/>
43	Amplification - FM fitting, Side	1f.ii.1	Left		<input type="checkbox"/>	<input type="checkbox"/>
44	Amplification - FM fitting, right	1f.ii.2	Date of fitting		<input type="checkbox"/>	<input type="checkbox"/>
45		2	Benefit of amplifications	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
46	Amplification - Aided test, Right	2a.i.1	0.25 kHz		<input type="checkbox"/>	<input type="checkbox"/>
47	Amplification - Aided test, Right	2a.i.2	0.5 kHz		<input type="checkbox"/>	<input type="checkbox"/>
48	Amplification - Aided test, Right	2a.i.3	1.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
49	Amplification - Aided test, Right	2a.i.4	2.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
50	Amplification - Aided test, Right	2a.i.5	3.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
51	Amplification - Aided test, Right	2a.i.6	4.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
52	Amplification - Aided test, Right	2a.i.7	8.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
53	Amplification - Aided test, Right	2a.i.8	Unit	1:dBHL; 2:dBSPL; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
54	Amplification - Aided test, Left	2a.ii.1	0.25 kHz		<input type="checkbox"/>	<input type="checkbox"/>
55	Amplification - Aided test, Left	2a.ii.2	0.5 kHz		<input type="checkbox"/>	<input type="checkbox"/>
56	Amplification - Aided test, Left	2a.ii.3	1.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
57	Amplification - Aided test, Left	2a.ii.4	2.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
58	Amplification - Aided test, Left	2a.ii.5	3.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
59	Amplification - Aided test, Left	2a.ii.6	4.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
60	Amplification - Aided test, Left	2a.ii.7	8.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
61	Amplification - Aided test, Left	2a.ii.8	Unit	1:dBHL; 2:dBSPL; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
62	Amplification - Aided test, Binaural	2a.iii.1	0.25 kHz		<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

63	Amplification - Aided test, Binaural	2a.iii.2	0.5 kHz			<input type="checkbox"/>	<input type="checkbox"/>
64	Amplification - Aided test, Binaural	2a.iii.3	1.0 kHz			<input type="checkbox"/>	<input type="checkbox"/>
65	Amplification - Aided test, Binaural	2a.iii.4	2.0 kHz			<input type="checkbox"/>	<input type="checkbox"/>
66	Amplification - Aided test, Binaural	2a.iii.5	3.0 kHz			<input type="checkbox"/>	<input type="checkbox"/>
67	Amplification - Aided test, Binaural	2a.iii.6	4.0 kHz			<input type="checkbox"/>	<input type="checkbox"/>
68	Amplification - Aided test, Binaural	2a.iii.7	8.0 kHz			<input type="checkbox"/>	<input type="checkbox"/>
69	Amplification - Aided test, Binaural	2a.iii.8	Unit		1:dBHL; 2:dB SPL; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
70	Amplification - HINT score	2b.i	Quiet			<input type="checkbox"/>	<input type="checkbox"/>
71	Amplification - HINT score	2b.ii	Noise front			<input type="checkbox"/>	<input type="checkbox"/>
72	Amplification - HINT score	2b.iii	Noise left			<input type="checkbox"/>	<input type="checkbox"/>
73	Amplification - HINT score	2b.iv	Noise right			<input type="checkbox"/>	<input type="checkbox"/>
74	Listening stage	2c.i	Detection			<input type="checkbox"/>	<input type="checkbox"/>
75	Listening stage	2c.ii	Discrimination			<input type="checkbox"/>	<input type="checkbox"/>
76	Listening stage	2c.iii	Identification			<input type="checkbox"/>	<input type="checkbox"/>
77	Listening stage	2c.iv	Comprehension			<input type="checkbox"/>	<input type="checkbox"/>
78		2d	Refer to speech therapist		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
79	Source of funding	3a	Public	Predominant source of funding for treatment from Public sector		<input type="checkbox"/>	<input type="checkbox"/>
80	Source of funding, Public	3a.i	MOH	Predominant source of funding for treatment - public type from MOH (Ministry of Health)		<input type="checkbox"/>	<input type="checkbox"/>
81	Source of funding, Public	3a.ii	University	Predominant source of funding for treatment - public type from University		<input type="checkbox"/>	<input type="checkbox"/>

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82	Source of funding, Public	3a.iii	JPA	Reimbursement from Jabatan Perkhidmatan Awam (JPA) known as the Public Service Department (PSD) for the medical expenditure incurred ( i.e expenses for medicine, equipment, medical services and treatment)  ( i.e expenses for medicine, equipment, medical services and treatment)	<input type="checkbox"/>	<input type="checkbox"/>
83	Source of funding, Public	3a.iv	Baitulmal	Predominant source of funding for treatment - public type from Baitulmal	<input type="checkbox"/>	<input type="checkbox"/>
84	Source of funding, Public	3a.v	SOCOSO	SOCOSO is the abbreviation for Social Security Organization. It is commonly known in the Malay term as PERKESO or Pertubuhan Keselamatan Sosial. The Social Security Organization is an organization set up to administer, enforce and implement the Employees' Social Security Act, 1969 and the Employees' Social Security (General) Regulations 1971. The Social Security Organization provides social security protection by social insurance including medical and cash benefits, provision of artificial aids and rehabilitation to employees to reduce the sufferings and to provide financial guarantees and protection to the family.	<input type="checkbox"/>	<input type="checkbox"/>
85	Source of funding, Public	3a.vi	NGO	Predominant source of funding for treatment - public type from NGO	<input type="checkbox"/>	<input type="checkbox"/>
86	Source of funding, Public	3a.vii	Welfare Department	Predominant source of funding for treatment - public type from Welfare Department	<input type="checkbox"/>	<input type="checkbox"/>
87	Source of funding, Public	3a.ix	Others	Predominant source of funding for treatment - public type from Other source	<input type="checkbox"/>	<input type="checkbox"/>
88	Source of funding, Public	3a.x	Others (text)	Predominant source of funding for treatment - public type from MOH (Ministry of Health)	<input type="checkbox"/>	<input type="checkbox"/>
89	Source of funding	3b	Private	Predominant source of funding for treatment from Private sector	<input type="checkbox"/>	<input type="checkbox"/>
90	Source of funding, Private	3b.i	Out-of-pocket (OOP)	Predominant source of funding for treatment - private type (Out of pocket - OOP)	<input type="checkbox"/>	<input type="checkbox"/>
91	Source of funding, Private	3b.ii	Employer	Predominant source of funding for treatment - private type (Employer)	<input type="checkbox"/>	<input type="checkbox"/>
92	Source of funding, Private	3b.iii	Medical Insurance	Predominant source of funding for treatment - private type (Medical Insurance)	<input type="checkbox"/>	<input type="checkbox"/>
93	Source of funding, Private	3b.iv	Others	Predominant source of funding for treatment - private type from Other source	<input type="checkbox"/>	<input type="checkbox"/>

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94	Source of funding, Private	3b.iiv	Others (text)	Predominant source of funding for treatment - private type from MOH (Ministry of Health)	<input type="checkbox"/>	<input type="checkbox"/>
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## Form : Notification Form

### Section Name: Section 8 : Intervention - Section 8D : Speech Therapy

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Comprehension, date achieved		Not available			<input type="checkbox"/>	<input type="checkbox"/>
2	Speech rehabilitation - Language performance		Receptive, date achieved			<input type="checkbox"/>	<input type="checkbox"/>
3	Receptive, date achieved		Not achieved			<input type="checkbox"/>	<input type="checkbox"/>
4	Receptive, date achieved		Not available			<input type="checkbox"/>	<input type="checkbox"/>
5	Speech rehabilitation - Language performance		Expressive, date achieved			<input type="checkbox"/>	<input type="checkbox"/>
6	Comprehension, date achieved		Not achieved			<input type="checkbox"/>	<input type="checkbox"/>
7	Expressive, date achieved		Not available			<input type="checkbox"/>	<input type="checkbox"/>
8	Speech rehabilitation - Listening skill progress		Identification, date achieved			<input type="checkbox"/>	<input type="checkbox"/>
9	Speech rehabilitation - Language performance		Reading, date achieved			<input type="checkbox"/>	<input type="checkbox"/>
10	Expressive, date achieved		Not achieved			<input type="checkbox"/>	<input type="checkbox"/>
11	Speech rehabilitation - Listening skill progress		Comprehension, date achieved			<input type="checkbox"/>	<input type="checkbox"/>
12	Identification, date achieved		Not achieved			<input type="checkbox"/>	<input type="checkbox"/>
13	Writing, date achieved		Not achieved			<input type="checkbox"/>	<input type="checkbox"/>
14	Discrimination, date achieved		Not available			<input type="checkbox"/>	<input type="checkbox"/>
15	Discrimination, date achieved		Not achieved			<input type="checkbox"/>	<input type="checkbox"/>
16	Speech rehabilitation - Listening skill progress		Discrimination, date achieved			<input type="checkbox"/>	<input type="checkbox"/>

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17	Detection, date achieved		Not available		<input type="checkbox"/>	<input type="checkbox"/>
18	Detection, date achieved		Not achieved		<input type="checkbox"/>	<input type="checkbox"/>
19	Speech rehabilitation - Listening skill progress		Detection, date achieved		<input type="checkbox"/>	<input type="checkbox"/>
20			Date of first speech therapy		<input type="checkbox"/>	<input type="checkbox"/>
21	Identification, date achieved		Not available		<input type="checkbox"/>	<input type="checkbox"/>
22	Reading, date achieved		Not achieved		<input type="checkbox"/>	<input type="checkbox"/>
23	Speech rehabilitation - Language performance		Writing, date achieved		<input type="checkbox"/>	<input type="checkbox"/>
24	Writing, date achieved		Not available		<input type="checkbox"/>	<input type="checkbox"/>
25	Reading, date achieved		Not available		<input type="checkbox"/>	<input type="checkbox"/>
26		1	Speech-language assessment	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
27	Speech-language assessment - Listening skill	1a.i	Auditory awareness – achieved	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
28	Speech-language assessment - Listening skill	1a.ii	Ling Sound Test – achieved	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
29	Speech-language assessment - Listening skill	1a.iii	Auditory memory – achieved	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
30	Speech-language assessment - Language use	1b.i.1	First language	1:Malay; 2:English; 3:Mandarin; 4:Tamil; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
31	Speech-language assessment - Language use	1b.i.2	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
32	Speech-language assessment - Language use	1b.ii.1	Second language	1:Malay; 2:English; 3:Mandarin; 4:Tamil; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
33	Speech-language assessment - Language use	1b.ii.2	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
34	Speech-language assessment - Language use	1b.iii.1	Third language	1:Malay; 2:English; 3:Mandarin; 4:Tamil; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

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35	Speech-language assessment - Language use	1b.iii.2	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
36	Speech-language assessment - Speech & language skill	1c.i	Preverbal skills – achieved	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
37	Speech-language assessment - Speech & language skill	1c.ii	Receptive language skill	1:0-6 months; 2:6-12 months; 3:12-18 months; 4:18-24 months; 5:24-30 months; 6:30-36 months; 7:36-42 months; 8:42-48 months; 9:48-54 months; 10:54-60 months; 11:60-66 months; 12:66-72 months; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
38	Speech-language assessment - Speech & language skill	1c.iii	Expressive language skill	1:0-6 months; 2:6-12 months; 3:12-18 months; 4:18-24 months; 5:24-30 months; 6:30-36 months; 7:36-42 months; 8:42-48 months; 9:48-54 months; 10:54-60 months; 11:60-66 months; 12:66-72 months; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
39	Speech-language assessment - Speech & language skill	1c.iv	Speech	1:0-6 months; 2:6-12 months; 3:12-18 months; 4:18-24 months; 5:24-30 months; 6:30-36 months; 7:36-42 months; 8:42-48 months; 9:48-54 months; 10:54-60 months; 11:60-66 months; 12:66-72 months; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
40	Speech-language assessment	1d.i	Mode of Communication	1:Verbal; 2:Signing; 3:Cued speech; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
41	Speech-language assessment - Mode communication	1d.ii	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

42	Speech-language assessment	1e	Cognition level	1:0-6 months; 2:6-12 months; 3:12-18 months; 4:18-24 months; 5:24-30 months; 6:30-36 months; 7:36-42 months; 8:42-48 months; 9:48-54 months; 10:54-60 months; 11:60-66 months; 12:66-72 months; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
43	Speech-language assessment - Associated disorder	1f.i	None		<input type="checkbox"/>	<input type="checkbox"/>
44	Speech-language assessment - Associated disorder	1f.ii	Learning disorder		<input type="checkbox"/>	<input type="checkbox"/>
45	Speech-language assessment - Associated disorder	1f.iii	Autism spectrum disorder		<input type="checkbox"/>	<input type="checkbox"/>
46	Speech-language assessment - Associated disorder	1f.iv	ADHD		<input type="checkbox"/>	<input type="checkbox"/>
47	Speech-language assessment - Associated disorder	1f.v	Others, specify		<input type="checkbox"/>	<input type="checkbox"/>
48	Speech-language assessment - Associated disorder	1f.vi	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
49	Speech-language assessment - Co-operation	1g.i	Parent	1:Poor; 2:Fair; 3:Good; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
50	Speech-language assessment - Co-operation	1g.ii	Patient	1:Poor; 2:Fair; 3:Good; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

## Form : Notification Form

### Section Name: Section 9 : Cochlear Implant / Brain Stamp Implant - Section 9A : Cochlear Implant / Brain Stamp Implant

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Type of implant		1:Cochlear Implant; 2:Brain Stem Implant; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
2	Type of hearing loss	2a	Prelingual			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Type of hearing loss	2b	Post lingual			<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

4	Type of hearing loss	2c	Cross over		<input type="checkbox"/>	<input type="checkbox"/>
5		3	Speech language assessment	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
6	Speech-language assessment - Listening skill	3a.i	Auditory awareness - achieved	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
7	Speech-language assessment - Listening skill	3a.ii	Ling Sound Test - achieved	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
8	Speech-language assessment - Listening skill	3a.iii	Auditory memory - achieved	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
9	Speech-language assessment - Language use	3b.i.1	First language	1:Malay; 2:English; 3:Mandarin; 4:Tamil; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
10	Speech-language assessment - Language use	3b.i.2	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
11	Speech-language assessment - Language use	3b.ii.1	Second language	1:Malay; 2:English; 3:Mandarin; 4:Tamil; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
12	Speech-language assessment - Language use	3b.ii.2	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
13	Speech-language assessment - Language use	3b.iii.1	Third language	1:Malay; 2:English; 3:Mandarin; 4:Tamil; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
14	Speech-language assessment - Language use	3b.iii.2	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
15	Speech-language assessment - Speech & language skill	3c.i	Preverbal skills - achieved	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
16	Speech-language assessment - Speech & language skill	3c.ii	Receptive language skill	1:0-6 months; 2:6-12 months; 3:12-18 months; 4:18-24 months; 5:24-30 months; 6:30-36 months; 7:36-42 months; 8:42-48 months; 9:48-54 months; 10:54-60 months; 11:60-66 months; 12:66-72 months; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>



# NATIONAL ORL REGISTRY (HEARING AND OTOLGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

17	Speech-language assessment - Speech & language skill	3c.iii	Expressive language skill	1:0-6 months; 2:6-12 months; 3:12-18 months; 4:18-24 months; 5:24-30 months; 6:30-36 months; 7:36-42 months; 8:42-48 months; 9:48-54 months; 10:54-60 months; 11:60-66 months; 12:66-72 months; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
18	Speech-language assessment - Speech & language skill	3c.iv	Speech	1:0-6 months; 2:6-12 months; 3:12-18 months; 4:18-24 months; 5:24-30 months; 6:30-36 months; 7:36-42 months; 8:42-48 months; 9:48-54 months; 10:54-60 months; 11:60-66 months; 12:66-72 months; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
19	Speech-language assessment	3d.i	Mode of Communication	1:Verbal; 2:Signing; 3:Cued speech; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
20	Speech-language assessment - Mode communication	3d.ii	Mode communication		<input type="checkbox"/>	<input type="checkbox"/>
21	Speech-language assessment	3e	Cognition level	1:0-6 months; 2:6-12 months; 3:12-18 months; 4:18-24 months; 5:24-30 months; 6:30-36 months; 7:36-42 months; 8:42-48 months; 9:48-54 months; 10:54-60 months; 11:60-66 months; 12:66-72 months; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
22	Speech-language assessment - Associated disorder	3f.i	None		<input type="checkbox"/>	<input type="checkbox"/>
23	Speech-language assessment - Associated disorder	3f.ii	Learning disorder		<input type="checkbox"/>	<input type="checkbox"/>
24	Speech-language assessment - Associated disorder	3f.iii	Autism spectrum disorder		<input type="checkbox"/>	<input type="checkbox"/>
25	Speech-language assessment - Associated disorder	3f.iv	ADHD		<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

26	Speech-language assessment - Associated disorder	3f.v	Others, specify		<input type="checkbox"/>	<input type="checkbox"/>
27	Speech-language assessment - Associated disorder	3f.vi	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
28	Speech-language assessment - Co-operation	3g.i	Parent	1:Poor; 2:Fair; 3:Good; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
29	Speech-language assessment - Co-operation	3g.ii	Patient	1:Poor; 2:Fair; 3:Good; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
30		4	Implant	1:First; 2:Second; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
31	Implant	4a	Date of implant		<input checked="" type="checkbox"/>	<input type="checkbox"/>
32	Implant	4b	Date of switch on cochlear implant		<input type="checkbox"/>	<input type="checkbox"/>
33	Implant	4c	Age at implant	Age at implant (auto calculated from Date of implant - Date of birth)	<input type="checkbox"/>	<input type="checkbox"/>
34	Implant	4d.i	Hearing age (years)	Hearing age (auto calculated from Date of hearing aid fitted to date of implant) - year(s)	<input type="checkbox"/>	<input type="checkbox"/>
35	Implant	4d.ii	Hearing age (months)	Hearing age (auto calculated from Date of hearing aid fitted to date of implant) - year(s)	<input type="checkbox"/>	<input type="checkbox"/>
36	Implant	4d.iii	Hearing age (days)	Hearing age (auto calculated from Date of hearing aid fitted to date of implant) - year(s)	<input type="checkbox"/>	<input type="checkbox"/>
37	Type of implant	5a	Model	1:MED-EL; 2:Advance Bionic Corp.; 3:Cochlear; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
38	Model	5b	Other, specify		<input type="checkbox"/>	<input type="checkbox"/>
39	Angular depth - number of electrodes inserted	6a.i	No of electrode		<input type="checkbox"/>	<input type="checkbox"/>
40	Angular depth - number of electrodes inserted	6a.ii	Not applicable		<input type="checkbox"/>	<input type="checkbox"/>
41	Angular depth - number of electrodes inserted	6b.i	Single array		<input type="checkbox"/>	<input type="checkbox"/>
42	Angular depth - number of electrodes inserted	6b.ii	Double array		<input type="checkbox"/>	<input type="checkbox"/>

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43	Angular depth - number of electrodes inserted	6b.iii	Straight		<input type="checkbox"/>	<input type="checkbox"/>
44	Angular depth - number of electrodes inserted	6b.iv	Advance contour		<input type="checkbox"/>	<input type="checkbox"/>
45	Angular depth - number of electrodes inserted	6b.v	Others, specify		<input type="checkbox"/>	<input type="checkbox"/>
46	Angular depth - number of electrodes inserted	6b.vi	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
47	CT scan	7a.i	Middle ear		<input type="checkbox"/>	<input type="checkbox"/>
48	CT scan - Middle ear	7a.i.1	Effusion	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
49	CT scan	7a.ii	Mastoid bone		<input type="checkbox"/>	<input type="checkbox"/>
50	CT scan - Mastoid bone	7a.ii.1	Well pneumatized		<input type="checkbox"/>	<input type="checkbox"/>
51	CT scan - Mastoid bone	7a.ii.2	Poorly pneumatized		<input type="checkbox"/>	<input type="checkbox"/>
52	CT scan	7a.iii	Inner ear		<input type="checkbox"/>	<input type="checkbox"/>
53	CT scan - Inner ear	7a.iii.1	Cochlear		<input type="checkbox"/>	<input type="checkbox"/>
54	CT scan - Cochlear anomalies	7a.iii.1a	Normal		<input type="checkbox"/>	<input type="checkbox"/>
55	CT scan - Cochlear anomalies	7a.iii.1b	Incomplete partition (Mondini)		<input type="checkbox"/>	<input type="checkbox"/>
56	CT scan - Cochlear anomalies	7a.iii.1c	Labyrinthine ossificans		<input type="checkbox"/>	<input type="checkbox"/>
57	CT scan - Cochlear anomalies	7a.iii.1d	Common cavity		<input type="checkbox"/>	<input type="checkbox"/>
58	CT scan - Cochlear anomalies	7a.iii.1e	Others, specify		<input type="checkbox"/>	<input type="checkbox"/>
59	CT scan - Cochlear anomalies	7a.iii.1f	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
60	CT scan - Inner ear	7a.iii.2	Labyrinthe		<input type="checkbox"/>	<input type="checkbox"/>
61	CT scan - Labyrinthe	7a.iii.2a	Labyrinthe, result	1:Normal; 2:Abnormal; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
62	CT scan - Inner ear	7a.iii.3	Aqueduct		<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

63	CT scan - Aqueduct	7a.iii.3a	Aqueduct, result	1:Normal; 2:Enlarge; 3:Patent; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
64	MRI scan	7b.i	Cochlear nerve		<input type="checkbox"/>	<input type="checkbox"/>
65	MRI scan - Cochlear nerve	7b.i.1	Cochlear nerve, result	1:Normal; 2:Abnormal; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
66	MRI scan	7b.ii	Brain		<input type="checkbox"/>	<input type="checkbox"/>
67	MRI scan - Brain	7b.ii.1	Brain, result	1:Normal; 2:Abnormal; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
68		8	Finding intraop	1:Normal anatomy; 2:Abnormal anatomy; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
69	Finding intraop - Abnormal anatomy	8a	LSCC		<input type="checkbox"/>	<input type="checkbox"/>
70	Finding intraop - Abnormal anatomy	8b	VII		<input type="checkbox"/>	<input type="checkbox"/>
71	Finding intraop - Abnormal anatomy	8c	Cochlear		<input type="checkbox"/>	<input type="checkbox"/>
72	Finding intraop - Abnormal anatomy, Cochlear	8c.i	Gusher		<input type="checkbox"/>	<input type="checkbox"/>
73	Finding intraop - Abnormal anatomy, Cochlear	8c.ii	Ossification		<input type="checkbox"/>	<input type="checkbox"/>
74	Finding intraop - Abnormal anatomy, Cochlear	8c.iii	Mondini		<input type="checkbox"/>	<input type="checkbox"/>
75	Finding intraop - Abnormal anatomy	8d	Middle ear effusion		<input type="checkbox"/>	<input type="checkbox"/>
76	Source of funding	9a	Public	Predominant source of funding for treatment from Public sector	<input type="checkbox"/>	<input type="checkbox"/>
77	Source of funding, Public	9a.i	MOH	Predominant source of funding for treatment - public type from MOH (Ministry of Health)	<input type="checkbox"/>	<input type="checkbox"/>
78	Source of funding, Public	9a.ii	Baitulmal	Predominant source of funding for treatment - public type from Baitulmal	<input type="checkbox"/>	<input type="checkbox"/>
79	Source of funding, Public	9a.iii	University	Predominant source of funding for treatment - public type from University	<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

80	Source of funding, Public	9a.iv	SOCOSO	SOCOSO is the abbreviation for Social Security Organization. It is commonly known in the Malay term as PERKESO or Pertubuhan Keselamatan Sosial. The Social Security Organization is an organization set up to administer, enforce and implement the Employees' Social Security Act, 1969 and the Employees' Social Security (General) Regulations 1971. The Social Security Organization provides social security protection by social insurance including medical and cash benefits, provision of artificial aids and rehabilitation to employees to reduce the sufferings and to provide financial guarantees and protection to the family.	<input type="checkbox"/>	<input type="checkbox"/>
81	Source of funding, Public	9a.v	JPA	Reimbursement from Jabatan Perkhidmatan Awam (JPA) known as the Public Service Department (PSD) for the medical expenditure incurred ( i.e expenses for medicine, equipment, medical services and treatment)  ( i.e expenses for medicine, equipment, medical services and treatment)	<input type="checkbox"/>	<input type="checkbox"/>
82	Source of funding, Public	9a.vi	NGO	Predominant source of funding for treatment - public type from NGO	<input type="checkbox"/>	<input type="checkbox"/>
83	Source of funding, Public	9a.vii	Welfare Department	Predominant source of funding for treatment - public type from Welfare Department	<input type="checkbox"/>	<input type="checkbox"/>
84	Source of funding, Public	9a.ix	Others	Predominant source of funding for treatment - public type from Other source	<input type="checkbox"/>	<input type="checkbox"/>
85	Source of funding, Public	9a.x	Others (text)	Predominant source of funding for treatment - public type from MOH (Ministry of Health)	<input type="checkbox"/>	<input type="checkbox"/>
86	Source of funding	9b	Private	Predominant source of funding for treatment from Private sector	<input type="checkbox"/>	<input type="checkbox"/>
87	Source of funding, Private	9b.i	Out-of-pocket (OOP)	Predominant source of funding for treatment - private type (Out of pocket - OOP)	<input type="checkbox"/>	<input type="checkbox"/>
88	Source of funding, Private	9b.ii	Employer	Predominant source of funding for treatment - private type (Employer)	<input type="checkbox"/>	<input type="checkbox"/>
89	Source of funding, Private	9b.iii	Medical Insurance	Predominant source of funding for treatment - private type (Medical Insurance)	<input type="checkbox"/>	<input type="checkbox"/>
90	Source of funding, Private	9b.iv	Others	Predominant source of funding for treatment - private type from Other source	<input type="checkbox"/>	<input type="checkbox"/>
91	Source of funding, Private	9b.iv	Others (text)	Predominant source of funding for treatment - private type from MOH (Ministry of Health)	<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

## Form : Notification Form

### Section Name: Section 9 : Cochlear Implant / Brain Stamp Implant - Section 9B : Surgical Outcome

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Complication of surgery		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
2	Complication of surgery	1a	Device migration or extrusion			<input type="checkbox"/>	<input type="checkbox"/>
3	Complication of surgery	1b	Wound			<input type="checkbox"/>	<input type="checkbox"/>
4	Complication of surgery	1c	Infection			<input type="checkbox"/>	<input type="checkbox"/>
5	Complication of surgery	1d	Intraoperative bleeding			<input type="checkbox"/>	<input type="checkbox"/>
6	Complication of surgery	1e	Facial nerve injury			<input type="checkbox"/>	<input type="checkbox"/>
7	Complication of surgery	1f	Facial palsy			<input type="checkbox"/>	<input type="checkbox"/>
8	Complication of surgery	1g	Implant loss			<input type="checkbox"/>	<input type="checkbox"/>
9	Complication of surgery	1h	Unwanted facial nerve stimulation			<input type="checkbox"/>	<input type="checkbox"/>
10	Complication of surgery	1i	Delayed wound healing			<input type="checkbox"/>	<input type="checkbox"/>
11	Complication of surgery	1j	Chronic pain			<input type="checkbox"/>	<input type="checkbox"/>
12	Complication of surgery	1k	Vertigo	A sensation of rotation or movement of one's self (subjective v.) or of one's surroundings (objective v.) in any plane; sometimes used erroneously to mean any form of dizziness. vertig'inous		<input type="checkbox"/>	<input type="checkbox"/>
13	Complication of surgery	1l	Cholesteatoma	Cholesteatoma a cystlike mass lined with stratified squamous epithelium filled with desquamating debris, often including cholesterol, usually in the middle ear and mastoid region.		<input type="checkbox"/>	<input type="checkbox"/>
14	Complication of surgery	1m	Electrode dislocations			<input type="checkbox"/>	<input type="checkbox"/>
15	Complication of surgery	1n.i	Others, specify			<input type="checkbox"/>	<input type="checkbox"/>
16	Complication of surgery	1n.ii	Others, specify (text)			<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

## Form : Notification Form

### Section Name: Section 9 : Cochlear Implant / Brain Stamp Implant - Section 9C : Problems/Adverse Incident Report

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Problems		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
2	Problems	1a	Date of incident			<input type="checkbox"/>	<input type="checkbox"/>
3	Component involved	1b.i	Implant			<input type="checkbox"/>	<input type="checkbox"/>
4	Component involved	1b.ii	Speech processor			<input type="checkbox"/>	<input type="checkbox"/>
5	Component involved	1b.iii	Accessory			<input type="checkbox"/>	<input type="checkbox"/>
6	Action taken	1c.i	Explant			<input type="checkbox"/>	<input type="checkbox"/>
7	Explant	1c.ii	Date of explant			<input type="checkbox"/>	<input type="checkbox"/>
8	Action taken	1c.iii	Others, specify			<input type="checkbox"/>	<input type="checkbox"/>
9	Action taken	1c.iv	Others, specify (text)			<input type="checkbox"/>	<input type="checkbox"/>
10	Device failure details	1d.i.1	Loss output from device			<input type="checkbox"/>	<input type="checkbox"/>
11	Device failure details	1d.i.2	Loss of telemetry			<input type="checkbox"/>	<input type="checkbox"/>
12	Device failure details	1d.i.3	Change in electrode function			<input type="checkbox"/>	<input type="checkbox"/>
13	Device failure details	1d.i.4	Others, specify			<input type="checkbox"/>	<input type="checkbox"/>
14	Device failure details	1d.i.5	Others, specify (text)			<input type="checkbox"/>	<input type="checkbox"/>
15	Problems	1d.ii.1	Patient factors		1:Patient suffered from infection; 2:Patient suffered impact to head or device area; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
16	Patient factors	1d.ii.2	Others, specify			<input type="checkbox"/>	<input type="checkbox"/>
17	Problems - Patient factors	1d.ii.3	Please provide any additional details about the accident, or factors which may have contributed to the problem			<input type="checkbox"/>	<input type="checkbox"/>
18	Problems	1e.i	Has the patient been re-implanted?		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
19	Problems	1e.ii	Date of re-implanted			<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

## Form : Follow up Form

### Section Name: Header - Outcome/Follow Up

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1			Other Month	Specification if follow up month is Others		<input type="checkbox"/>	<input type="checkbox"/>
2		i	Date of assessment / visit / Follow up	The date information on the availability of the patient for follow-up was obtained.		<input type="checkbox"/>	<input type="checkbox"/>
3		ii	Follow up years	The indication of follow up year. Categorised as 1 year / 2 years / 3 years.	1:1 year; 2:2 years; 3:3 years; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
4		iii	Estimated date of next follow-up	Estimated date of next follow-up		<input type="checkbox"/>	<input type="checkbox"/>

## Form : Follow up Form

### Section Name: Section 1 : Patient Status

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Mode of rehabilitation	1a	Hearing aid			<input type="checkbox"/>	<input type="checkbox"/>
2	Mode of rehabilitation	1b	Cochlear implant			<input type="checkbox"/>	<input type="checkbox"/>
3	Mode of rehabilitation	1c	BAHA			<input type="checkbox"/>	<input type="checkbox"/>
4	Mode of rehabilitation	1d	Middle ear implant			<input type="checkbox"/>	<input type="checkbox"/>
5	Mode of rehabilitation	1e.i	Others, specify			<input type="checkbox"/>	<input type="checkbox"/>
6	Mode of rehabilitation	1e.ii	Others, specify (text)			<input type="checkbox"/>	<input type="checkbox"/>
7		2a	Status	An indicator of the patient's vital status at follow-up. categorize as:- Alive/Death/Lost to follow up /Transfer to a new centre/Discharge/Others, specify. Discharge : Patient discharge from the ORL Registry.	1:Alive; 2:Death; 3:Lost to follow up; 4:Transfer to a new centre; 5:Discharge; 99:Others, specify; 8888:Not Available; 9999:Missing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Death	2b	Date of death/Date of transfer/Date of last visit/Date of discharge	Date of Date : Date of death as per death certificate / burial permit The date on which a patient died or is officially deemed to have died, as recorded on the Death Certificate. This could be self reported by patients' or deceased relatives or friends or based on record linking with national registration department or also known as Jabatan Pendaftaran Negara (JPN) by CRC.		<input checked="" type="checkbox"/>	<input type="checkbox"/>



# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

9	Others	2c	Unknown	Date of Outcome / Date of transfer / date of death / date of last contact or follow up / date discharge Unknown	<input type="checkbox"/>	<input type="checkbox"/>
10	Death	2d	Cause of death	Primary cause of death	<input type="checkbox"/>	<input type="checkbox"/>
11	Transfer to a new centre	2e	Centre name		<input type="checkbox"/>	<input type="checkbox"/>
12	Others, specify	2f	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>

## Form : Follow up Form

### Section Name: Section 2 : Social and Education

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	School	1a	Mainstream			<input type="checkbox"/>	<input type="checkbox"/>
2	Mainstream	1a.i	Normal school			<input type="checkbox"/>	<input type="checkbox"/>
3	Mainstream	1a.ii	Inclusive			<input type="checkbox"/>	<input type="checkbox"/>
4	Mainstream	1a.iii	Integrated			<input type="checkbox"/>	<input type="checkbox"/>
5	School	1b	Special school			<input type="checkbox"/>	<input type="checkbox"/>
6	Special school	1b.i	Hearing impairment			<input type="checkbox"/>	<input type="checkbox"/>
7	Special school	1b.ii	Learning disability			<input type="checkbox"/>	<input type="checkbox"/>
8	Special school	1b.iii	Visual impairment			<input type="checkbox"/>	<input type="checkbox"/>
9	School	1c	Others			<input type="checkbox"/>	<input type="checkbox"/>
10	Others	1c.i	Cued speech school			<input type="checkbox"/>	<input type="checkbox"/>
11	Others	1c.ii	Others, specify			<input type="checkbox"/>	<input type="checkbox"/>
12	Others	1c.iii	Others, specify (text)			<input type="checkbox"/>	<input type="checkbox"/>
13	School	1d	Not applicable			<input type="checkbox"/>	<input type="checkbox"/>
14	School	1e	NIL			<input type="checkbox"/>	<input type="checkbox"/>
15		2	Education Achievement		1:Improve academic position in class/study; 2:Passed; 3:Progress to sit for; 4:Not achievement; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
16	Education Achievement	2a	Progress to sit for		1:UPSR; 2:PMR; 3:SPM; 4:STPM; 5:Diploma; 6:Degree; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
17	Progress to sit for	2b	Others, specify (text)			<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

18		3	Patient/parents support group	1:Involved; 2:Not involved; 3:Committee; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
19		4	Able to converse	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
20	Social Interaction - Able to converse	4a	Face to face (life)		<input type="checkbox"/>	<input type="checkbox"/>
21	Social Interaction - Able to converse	4a.i	Face to face (life) (Silent/Noise)	1:Silent; 2:Noise; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
22	Social Interaction - Able to converse	4b	Phone		<input type="checkbox"/>	<input type="checkbox"/>
23	Social Interaction - Able to converse	4b.i	Phone (Silent/Noise)	1:Silent; 2:Noise; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
24	Social Interaction - Able to converse	4c	Electric device		<input type="checkbox"/>	<input type="checkbox"/>
25	Social Interaction - Able to converse	4c.i	Electric device (Silent/Noise)	1:Silent; 2:Noise; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
26	Social Interaction - Able to converse	4d	Meeting/conference/school assembly		<input type="checkbox"/>	<input type="checkbox"/>
27	Social Interaction - Able to converse	4e	Appreciation to music		<input type="checkbox"/>	<input type="checkbox"/>

## Form : Follow up Form

### Section Name: Section 3 : Rehab Outcome

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1a	Number of expected speech session attendance			<input type="checkbox"/>	<input type="checkbox"/>
2		1b	Number of speech session attendance			<input type="checkbox"/>	<input type="checkbox"/>
3		1c	Percentage of compliance speech			<input type="checkbox"/>	<input type="checkbox"/>
4		2a	NRT results		1:Obtained; 2:Not obtained; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
5		2b	Number of active electrodes			<input type="checkbox"/>	<input type="checkbox"/>
6		3a	Attend auditory training		1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
7	Attend auditory training	3b	Frequency of session		1:Weekly; 2:2 Weekly; 3:Monthly; 99:Others,specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
8	Attend auditory training	3c	Others, specify			<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

9	4a	X-ray	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
10	4b	X-ray, if Yes	1:Normal; 2:Abnormal; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
11	5	Number of mapping		<input type="checkbox"/>	<input type="checkbox"/>
12	6a	Duration of usage, years		<input type="checkbox"/>	<input type="checkbox"/>
13	6b	Duration of usage, months		<input type="checkbox"/>	<input type="checkbox"/>
14	7a.i.1	Air conduction threshold (0.25kHz)		<input type="checkbox"/>	<input type="checkbox"/>
15	7a.i.2	Air conduction threshold (0.5kHz)		<input type="checkbox"/>	<input type="checkbox"/>
16	7a.i.3	Air conduction threshold (1.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
17	7a.i.4	Air conduction threshold (2.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
18	7a.i.5	Air conduction threshold (3.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
19	7a.i.6	Air conduction threshold (4.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
20	7a.i.7	Air conduction threshold (8.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
21	7a.ii.1	Air conduction threshold (0.25kHz)		<input type="checkbox"/>	<input type="checkbox"/>
22	7a.ii.2	Bone conduction threshold (0.5kHz)		<input type="checkbox"/>	<input type="checkbox"/>
23	7a.ii.3	Bone conduction threshold (1.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
24	7a.ii.4	Bone conduction threshold (2.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
25	7a.ii.5	Bone conduction threshold (3.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
26	7a.ii.6	Bone conduction threshold (4.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
27	7a.ii.7	Bone conduction threshold (8.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
28	7b.i.1	Air conduction threshold (0.25kHz)		<input type="checkbox"/>	<input type="checkbox"/>
29	7b.i.2	Air conduction threshold (0.5kHz)		<input type="checkbox"/>	<input type="checkbox"/>
30	7b.i.3	Air conduction threshold (1.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
31	7b.i.4	Air conduction threshold (2.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
32	7b.i.5	Air conduction threshold (3.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

33	Audiological test - Left	7b.i.6	Air conduction threshold (4.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
34	Audiological test - Left	7b.i.7	Air conduction threshold (8.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
35	Audiological test - Left	7b.ii.1	Air conduction threshold (0.25kHz)		<input type="checkbox"/>	<input type="checkbox"/>
36	Audiological test - Left	7b.ii.2	Bone conduction threshold (0.5kHz)		<input type="checkbox"/>	<input type="checkbox"/>
37	Audiological test - Left	7b.ii.3	Bone conduction threshold (1.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
38	Audiological test - Left	7b.ii.4	Bone conduction threshold (2.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
39	Audiological test - Left	7b.ii.5	Bone conduction threshold (3.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
40	Audiological test - Left	7b.ii.6	Bone conduction threshold (4.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
41	Audiological test - Left	7b.ii.7	Bone conduction threshold (8.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
42	Aided test	8a.i	Aided test, Right	1:CI; 2:HA; 3:None; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
43	Aided test, Right	8a.ii.1	0.25 kHz		<input type="checkbox"/>	<input type="checkbox"/>
44	Aided test, Right	8a.ii.2	0.5 kHz		<input type="checkbox"/>	<input type="checkbox"/>
45	Aided test, Right	8a.ii.3	1.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
46	Aided test, Right	8a.ii.4	2.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
47	Aided test, Right	8a.ii.5	3.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
48	Aided test, Right	8a.ii.6	4.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
49	Aided test, Right	8a.ii.7	8.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
50	Aided test, Right	8a.iii	Unit	1:dBHL; 2:dB SPL; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
51	Aided test	8b.i	Aided test, Left	1:CI; 2:HA; 3:None; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
52	Aided test, Left	8b.ii.1	0.25 kHz		<input type="checkbox"/>	<input type="checkbox"/>
53	Aided test, Left	8b.ii.2	0.5 kHz		<input type="checkbox"/>	<input type="checkbox"/>
54	Aided test, Left	8b.ii.3	1.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
55	Aided test, Left	8b.ii.4	2.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
56	Aided test, Left	8b.ii.5	3.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
57	Aided test, Left	8b.ii.6	4.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
58	Aided test, Left	8b.ii.7	8.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

59	Aided test, Left	8b.iii	Unit	1:dBHL; 2:dB SPL; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
60	Aided test, Binaural	8c.i	0.25 kHz		<input type="checkbox"/>	<input type="checkbox"/>
61	Aided test, Binaural	8c.ii	0.5 kHz		<input type="checkbox"/>	<input type="checkbox"/>
62	Aided test, Binaural	8c.iii	1.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
63	Aided test, Binaural	8c.iv	2.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
64	Aided test, Binaural	8c.v	3.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
65	Aided test, Binaural	8c.vi	4.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
66	Aided test, Binaural	8c.vii	8.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
67	Aided test, Binaural	8c.viii	Unit	1:dBHL; 2:dB SPL; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
68	Any significant changes for Audiological test - Right	9a.i.1	Air conduction threshold (0.25kHz)		<input type="checkbox"/>	<input type="checkbox"/>
69	Any significant changes for Audiological test - Right	9a.i.2	Air conduction threshold (0.5kHz)		<input type="checkbox"/>	<input type="checkbox"/>
70	Any significant changes for Audiological test - Right	9a.i.3	Air conduction threshold (1.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
71	Any significant changes for Audiological test - Right	9a.i.4	Air conduction threshold (2.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
72	Any significant changes for Audiological test - Right	9a.i.5	Air conduction threshold (3.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
73	Any significant changes for Audiological test - Right	9a.i.6	Air conduction threshold (4.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
74	Any significant changes for Audiological test - Right	9a.i.7	Air conduction threshold (8.0kHz)		<input type="checkbox"/>	<input type="checkbox"/>
75	Any significant changes for Audiological test - Right	9a.ii.1	Air conduction threshold (0.25kHz)		<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

76	Any significant changes for Audiological test - Right	9a.ii.2	Bone conduction threshold (0.5kHz)	<input type="checkbox"/>	<input type="checkbox"/>
77	Any significant changes for Audiological test - Right	9a.ii.3	Bone conduction threshold (1.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
78	Any significant changes for Audiological test - Right	9a.ii.4	Bone conduction threshold (2.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
79	Any significant changes for Audiological test - Right	9a.ii.5	Bone conduction threshold (3.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
80	Any significant changes for Audiological test - Right	9a.ii.6	Bone conduction threshold (4.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
81	Any significant changes for Audiological test - Right	9a.ii.7	Bone conduction threshold (8.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
82	Any significant changes for Audiological test - Left	9b.i.1	Air conduction threshold (0.25kHz)	<input type="checkbox"/>	<input type="checkbox"/>
83	Any significant changes for Audiological test - Left	9b.i.2	Air conduction threshold (0.5kHz)	<input type="checkbox"/>	<input type="checkbox"/>
84	Any significant changes for Audiological test - Left	9b.i.3	Air conduction threshold (1.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
85	Any significant changes for Audiological test - Left	9b.i.4	Air conduction threshold (2.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
86	Any significant changes for Audiological test - Left	9b.i.5	Air conduction threshold (3.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
87	Any significant changes for Audiological test - Left	9b.i.6	Air conduction threshold (4.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
88	Any significant changes for Audiological test - Left	9b.i.7	Air conduction threshold (8.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
89	Any significant changes for Audiological test - Left	9b.ii.1	Air conduction threshold (0.25kHz)	<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

90	Any significant changes for Audiological test - Left	9b.ii.2	Bone conduction threshold (0.5kHz)	<input type="checkbox"/>	<input type="checkbox"/>
91	Any significant changes for Audiological test - Left	9b.ii.3	Bone conduction threshold (1.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
92	Any significant changes for Audiological test - Left	9b.ii.4	Bone conduction threshold (2.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
93	Any significant changes for Audiological test - Left	9b.ii.5	Bone conduction threshold (3.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
94	Any significant changes for Audiological test - Left	9b.ii.6	Bone conduction threshold (4.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
95	Any significant changes for Audiological test - Left	9b.ii.7	Bone conduction threshold (8.0kHz)	<input type="checkbox"/>	<input type="checkbox"/>
96	Any significant changes for Aided test - Right	10a.i	0.25 kHz	<input type="checkbox"/>	<input type="checkbox"/>
97	Any significant changes for Aided test - Right	10a.ii	0.5 kHz	<input type="checkbox"/>	<input type="checkbox"/>
98	Any significant changes for Aided test - Right	10a.iii	1.0 kHz	<input type="checkbox"/>	<input type="checkbox"/>
99	Any significant changes for Aided test - Right	10a.iv	2.0 kHz	<input type="checkbox"/>	<input type="checkbox"/>
100	Any significant changes for Aided test - Right	10a.v	3.0 kHz	<input type="checkbox"/>	<input type="checkbox"/>
101	Any significant changes for Aided test - Right	10a.vi	4.0 kHz	<input type="checkbox"/>	<input type="checkbox"/>
102	Any significant changes for Aided test - Right	10a.vii	8.0 kHz	<input type="checkbox"/>	<input type="checkbox"/>
103	Any significant changes for Aided test - Left	10b.i	0.25 kHz	<input type="checkbox"/>	<input type="checkbox"/>
104	Any significant changes for Aided test - Left	10b.ii	0.5 kHz	<input type="checkbox"/>	<input type="checkbox"/>
105	Any significant changes for Aided test - Left	10b.iii	1.0 kHz	<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

106	Any significant changes for Aided test - Left	10b.iv	2.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
107	Any significant changes for Aided test - Left	10b.v	3.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
108	Any significant changes for Aided test - Left	10b.vi	4.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
109	Any significant changes for Aided test - Left	10b.vii	8.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
110	Any significant changes for Aided test - Binaural	10c.i	0.25 kHz		<input type="checkbox"/>	<input type="checkbox"/>
111	Any significant changes for Aided test - Binaural	10c.ii	0.5 kHz		<input type="checkbox"/>	<input type="checkbox"/>
112	Any significant changes for Aided test - Binaural	10c.iii	1.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
113	Any significant changes for Aided test - Binaural	10c.iv	2.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
114	Any significant changes for Aided test - Binaural	10c.v	3.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
115	Any significant changes for Aided test - Binaural	10c.vi	4.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
116	Any significant changes for Aided test - Binaural	10c.vii	8.0 kHz		<input type="checkbox"/>	<input type="checkbox"/>
117	HINT score	11a	Quiet		<input type="checkbox"/>	<input type="checkbox"/>
118	HINT score	11b	Noise front		<input type="checkbox"/>	<input type="checkbox"/>
119	HINT score	11c	Noise left		<input type="checkbox"/>	<input type="checkbox"/>
120	HINT score	11d	Noise right		<input type="checkbox"/>	<input type="checkbox"/>

## Form : Follow up Form

### Section Name: Section 3 : Rehab Outcome

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		12	Rehab commitment		1:Poor; 2:Fair; 3:Good; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
1	Expressive, date achieved	1b.ii.2	Not achieved			<input type="checkbox"/>	<input type="checkbox"/>
2	Expressive, date achieved	1b.ii.3	Not available			<input type="checkbox"/>	<input type="checkbox"/>



# NATIONAL ORL REGISTRY (HEARING AND OTOLGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

3	Speech rehabilitation - Language performance	1b.iii.1	Reading, date achieved	<input type="checkbox"/>	<input type="checkbox"/>
4	Reading, date achieved	1b.iii.2	Not achieved	<input type="checkbox"/>	<input type="checkbox"/>
5	Reading, date achieved	1b.iii.3	Not available	<input type="checkbox"/>	<input type="checkbox"/>
6	Writing, date achieved	1b.iv.2	Not achieved	<input type="checkbox"/>	<input type="checkbox"/>
7	Receptive, date achieved	1b.i.3	Not available	<input type="checkbox"/>	<input type="checkbox"/>
8	Receptive, date achieved	1b.i.2	Not achieved	<input type="checkbox"/>	<input type="checkbox"/>
9	Speech rehabilitation - Language performance	1b.iv.1	Writing, date achieved	<input type="checkbox"/>	<input type="checkbox"/>
10	Discrimination, date achieved	1a.ii.3	Not available	<input type="checkbox"/>	<input type="checkbox"/>
11	Speech rehabilitation - Listening skill progress	1a.i.1	Detection, date achieved	<input type="checkbox"/>	<input type="checkbox"/>
12	Detection, date achieved	1a.i.2	Not achieved	<input type="checkbox"/>	<input type="checkbox"/>
13	Detection, date achieved	1a.i.3	Not available	<input type="checkbox"/>	<input type="checkbox"/>
14	Speech rehabilitation - Listening skill progress	1a.ii.1	Discrimination, date achieved	<input type="checkbox"/>	<input type="checkbox"/>
15	Speech rehabilitation - Language performance	1b.ii.1	Expressive, date achieved	<input type="checkbox"/>	<input type="checkbox"/>
16	Discrimination, date achieved	1a.ii.2	Not achieved	<input type="checkbox"/>	<input type="checkbox"/>
17	Writing, date achieved	1b.iv.3	Not available	<input type="checkbox"/>	<input type="checkbox"/>
18	Speech rehabilitation - Listening skill progress	1a.iii.1	Identification, date achieved	<input type="checkbox"/>	<input type="checkbox"/>
19	Identification, date achieved	1a.iii.2	Not achieved	<input type="checkbox"/>	<input type="checkbox"/>
20	Identification, date achieved	1a.iii.3	Not available	<input type="checkbox"/>	<input type="checkbox"/>
21	Speech rehabilitation - Listening skill progress	1a.iv.1	Comprehension, date achieved	<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

22	Comprehension, date achieved	1a.iv.2	Not achieved		<input type="checkbox"/>	<input type="checkbox"/>
23	Comprehension, date achieved	1a.iv.3	Not available		<input type="checkbox"/>	<input type="checkbox"/>
24	Speech rehabilitation - Language performance	1b.i.1	Receptive, date achieved		<input type="checkbox"/>	<input type="checkbox"/>
25		1	Speech language assessment	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
26	Speech-language assessment - Listening skill	1a.i	Auditory awareness - achieved	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
27	Speech-language assessment - Listening skill	1a.ii	Ling Sound Test - achieved	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
28	Speech-language assessment - Listening skill	1a.iii	Auditory memory - achieved	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
29	Speech-language assessment - Language use	1b.i.1	First language	1:Malay; 2:English; 3:Mandarin; 4:Tamil; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
30	Speech-language assessment - Language use	1b.i.2	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
31	Speech-language assessment - Language use	1b.ii.1	Second language	1:Malay; 2:English; 3:Mandarin; 4:Tamil; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
32	Speech-language assessment - Language use	1b.ii.2	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
33	Speech-language assessment - Language use	1b.iii.1	Third language	1:Malay; 2:English; 3:Mandarin; 4:Tamil; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
34	Speech-language assessment - Language use	1b.iii.2	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
35	Speech-language assessment - Speech & language skill	1c.i	Preverbal skills - achieved	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

36	Speech-language assessment - Speech & language skill	1c.ii	Receptive language skill	1:0-6 months; 2:6-12 months; 3:12-18 months; 4:18-24 months; 5:24-30 months; 6:30-36 months; 7:36-42 months; 8:42-48 months; 9:48-54 months; 10:54-60 months; 11:60-66 months; 12:66-72 months; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
37	Speech-language assessment - Speech & language skill	1c.iii	Expressive language skill	1:0-6 months; 2:6-12 months; 3:12-18 months; 4:18-24 months; 5:24-30 months; 6:30-36 months; 7:36-42 months; 8:42-48 months; 9:48-54 months; 10:54-60 months; 11:60-66 months; 12:66-72 months; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
38	Speech-language assessment - Speech & language skill	1c.iv	Speech	1:0-6 months; 2:6-12 months; 3:12-18 months; 4:18-24 months; 5:24-30 months; 6:30-36 months; 7:36-42 months; 8:42-48 months; 9:48-54 months; 10:54-60 months; 11:60-66 months; 12:66-72 months; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
39	Speech-language assessment	1d.i	Mode of Communication	1:Verbal; 2:Signing; 3:Cued speech; 99:Others, specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
40	Speech-language assessment - Mode communication	1d.ii	Others, specify		<input type="checkbox"/>	<input type="checkbox"/>
41	Speech-language assessment	1e	Cognition level	1:0-6 months; 2:6-12 months; 3:12-18 months; 4:18-24 months; 5:24-30 months; 6:30-36 months; 7:36-42 months; 8:42-48 months; 9:48-54 months; 10:54-60 months; 11:60-66 months; 12:66-72 months; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
42	Speech-language assessment - Associated disorder	1f.i	None		<input type="checkbox"/>	<input type="checkbox"/>

# NATIONAL ORL REGISTRY (HEARING AND OTOTOLOGY RELATED DISEASE / COCHLEAR IMPLANT) Data Definition Document

43	Speech-language assessment - Associated disorder	1f.ii	Learning disorder		<input type="checkbox"/>	<input type="checkbox"/>
44	Speech-language assessment - Associated disorder	1f.iii	Autism spectrum disorder		<input type="checkbox"/>	<input type="checkbox"/>
45	Speech-language assessment - Associated disorder	1f.iv	ADHD		<input type="checkbox"/>	<input type="checkbox"/>
46	Speech-language assessment - Associated disorder	1f.v	Others, specify		<input type="checkbox"/>	<input type="checkbox"/>
47	Speech-language assessment - Associated disorder	1f.vi	Others, specify (text)		<input type="checkbox"/>	<input type="checkbox"/>
48	Speech-language assessment - Co-operation	1g.i	Parent	1:Poor; 2:Fair; 3:Good; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
49	Speech-language assessment - Co-operation	1g.ii	Patient	1:Poor; 2:Fair; 3:Good; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>