



# AUDIOLOGY ASSESSMENT FORM

ID NUMBER:

FORM CODE:

DATE: 02/07/2023  
Version 3.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date:  /  /   
Month Day Year

0b. Staff ID:

## Otoscopy results

1a. RIGHT.....

1b. LEFT.....

Within normal limits..... A  
Cerumen management ..... B  
Other (specify in notelog)..... C  
Specify other: \_\_\_\_\_

Within normal limits..... A  
Cerumen management ..... B  
Other (specify in notelog)..... C  
Specify other: \_\_\_\_\_

### Answer the following if Q1a=B

1a1. Amount of cerumen.....   
None..... A  
Excessive..... B  
Some..... C  
Impacted..... D

### Answer the following if Q1b=B

1b1. Amount of cerumen.....   
None..... A  
Excessive..... B  
Some..... C  
Impacted..... D

### Answer the following if Q1a1=B, or D

If excessive or impacted:

1a2. Cerumen management.....   
Recommended self-management..... A  
Recommended professional removal..... B

### Answer the following if Q1b1=B, or D

If excessive or impacted:

1b2. Cerumen management.....   
Recommended self-management..... A  
Recommended professional removal..... B

## Tympanometry results

2a. RIGHT within normal limits.....

2b. LEFT within normal limits.....

Yes.....Y → **Go to Item 2b**

No.....N

2a1. Specify abnormal \_\_\_\_\_

Yes.....Y → **Go to Item 5a1**

No.....N

2b1. Specify abnormal \_\_\_\_\_

**5. Air Conduction**

**6. Bone Conduction**

Right Ear		Right Ear	
250 Air threshold	5a1 <input type="text"/> <input type="text"/> <input type="text"/>		
250 Masking required? (Y/N)	5a2 <input type="checkbox"/>		
250 Masked air threshold	5a3 <input type="text"/> <input type="text"/> <input type="text"/>		
250 Air Masking Level	5a4 <input type="text"/> <input type="text"/> <input type="text"/>		
250 Air threshold NR tested level	5a4a <input type="text"/> <input type="text"/> <input type="text"/>		
250 Masked air threshold NR tested level	5a4b <input type="text"/> <input type="text"/> <input type="text"/>		
		500 Bone conduction required? (Y/N)	6a1 <input type="checkbox"/>
500 Air threshold	5a5 <input type="text"/> <input type="text"/> <input type="text"/>	500 Unmasked bone threshold	6a2 <input type="text"/> <input type="text"/> <input type="text"/>
500 Masking required? (Y/N)	5a6 <input type="checkbox"/>	500 Masking required? (Y/N)	6a3 <input type="checkbox"/>
500 Masked air threshold	5a7 <input type="text"/> <input type="text"/> <input type="text"/>	500 Masked bone threshold	6a4 <input type="text"/> <input type="text"/> <input type="text"/>
500 Air Masking Level	5a8 <input type="text"/> <input type="text"/> <input type="text"/>	500 Bone Masking Level	6a5 <input type="text"/> <input type="text"/> <input type="text"/>
500 Air threshold NR tested level	5a8a <input type="text"/> <input type="text"/> <input type="text"/>		
500 Masked air threshold NR tested level	5a8b <input type="text"/> <input type="text"/> <input type="text"/>		
		1000 Bone conduction required? (Y/N)	6a6 <input type="checkbox"/>
1000 Air threshold	5a9 <input type="text"/> <input type="text"/> <input type="text"/>	1000 Unmasked bone threshold	6a7 <input type="text"/> <input type="text"/> <input type="text"/>
1000 Masking required? (Y/N)	5a10 <input type="checkbox"/>	1000 Masking required? (Y/N)	6a8 <input type="checkbox"/>
1000 Masked air threshold	5a11 <input type="text"/> <input type="text"/> <input type="text"/>	1000 Masked bone threshold	6a9 <input type="text"/> <input type="text"/> <input type="text"/>
1000 Air Masking Level	5a12 <input type="text"/> <input type="text"/> <input type="text"/>	1000 Bone Masking Level	6a10 <input type="text"/> <input type="text"/> <input type="text"/>
1000 Air threshold NR tested level	5a12a <input type="text"/> <input type="text"/> <input type="text"/>		
1000 Masked air threshold NR tested level	5a12b <input type="text"/> <input type="text"/> <input type="text"/>		
		2000 Bone conduction required? (Y/N)	6a11 <input type="checkbox"/>
2000 Air threshold	5a13 <input type="text"/> <input type="text"/> <input type="text"/>	2000 Unmasked bone threshold	6a12 <input type="text"/> <input type="text"/> <input type="text"/>
2000 Masking required? (Y/N)	5a14	2000 Masking required? (Y/N)	6a13

	<input type="checkbox"/>		<input type="checkbox"/>
<b>2000 Masked air threshold</b>	5a15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>2000 Masked bone threshold</b>	6a14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>2000 Air Masking Level</b>	5a16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>2000 Bone Masking Level</b>	6a15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>2000 Air threshold NR tested level</b>	5a16a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>2000 Masked air threshold NR tested level</b>	5a16b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>3000 Air threshold</b>	5a17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>3000 Masking required? (Y/N)</b>	5a18 <input type="checkbox"/>		
<b>3000 Masked air threshold</b>	5a19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>3000 Air Masking Level</b>	5a20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>3000 Air threshold NR tested level</b>	5a20a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>3000 Masked air threshold NR tested level</b>	5a20b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		<b>4000 Bone conduction required? (Y/N)</b>	6a16 <input type="checkbox"/>
<b>4000 Air threshold</b>	5a21 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>4000 Unmasked bone threshold</b>	6a17 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>4000 Masking required? (Y/N)</b>	5a22 <input type="checkbox"/>	<b>4000 Masking required? (Y/N)</b>	6a18 <input type="checkbox"/>
<b>4000 Masked air threshold</b>	5a23 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>4000 Masked bone threshold</b>	6a19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>4000 Air Masking Level</b>	5a24 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>4000 Bone Masking Level</b>	6a20 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>4000 Air threshold NR tested level</b>	5a24a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>4000 Masked air threshold NR tested level</b>	5a24b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>6000 Air threshold</b>	5a25 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>6000 Masking required? (Y/N)</b>	5a26 <input type="checkbox"/>		
<b>6000 Masked air threshold</b>	5a27 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>6000 Air Masking Level</b>	5a28 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>6000 Air threshold NR tested level</b>	5a28a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>6000 Masked air threshold NR tested level</b>	5a28b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>8000 Air threshold</b>	5a29 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

8000 Masking required? (Y/N)	5a30 <input type="checkbox"/>		
8000 Masked air threshold	5a31 <input type="text"/>		
8000 Air Masking Level	5a32 <input type="text"/>		
8000 Air threshold NR tested level	5a32a <input type="text"/>		
8000 Masked air threshold NR tested level	5a32b <input type="text"/>		

Left Ear		Left Ear	
250 Air threshold	5b1 <input type="text"/>		
250 Masking required? (Y/N)	5b2 <input type="checkbox"/>		
250 Masked air threshold	5b3 <input type="text"/>		
250 Air Masking Level	5b4 <input type="text"/>		
250 Air threshold NR tested level	5b4a <input type="text"/>		
250 Masked air threshold NR tested level	5b4b <input type="text"/>		
		500 Bone conduction required? (Y/N)	6b1 <input type="checkbox"/>
500 Air threshold	5b5 <input type="text"/>	500 Unmasked bone threshold	6b2 <input type="text"/>
500 Masking required? (Y/N)	5b6 <input type="checkbox"/>	500 Masking required? (Y/N)	6b3 <input type="checkbox"/>
500 Masked air threshold	5b7 <input type="text"/>	500 Masked bone threshold	6b4 <input type="text"/>
500 Air Masking Level	5b8 <input type="text"/>	500 Bone Masking Level	6b5 <input type="text"/>
500 Air threshold NR tested level	5b8a <input type="text"/>		
500 Masked air threshold NR tested level	5b8b <input type="text"/>		
		1000 Bone conduction required? (Y/N)	6b6 <input type="checkbox"/>
1000 Air threshold	5b9 <input type="text"/>	1000 Unmasked bone threshold	6b7 <input type="text"/>
1000 Masking required? (Y/N)	5b10 <input type="checkbox"/>	1000 Masking required? (Y/N)	6b8 <input type="checkbox"/>
1000 Masked air threshold	5b11 <input type="text"/>	1000 Masked bone threshold	6b9 <input type="text"/>
1000 Air Masking Level	5b12 <input type="text"/>	1000 Bone Masking Level	6b10 <input type="text"/>

1000 Air threshold NR tested level	5b12a <input type="text"/> <input type="text"/> <input type="text"/>		
1000 Masked air threshold NR tested level	5b12b <input type="text"/> <input type="text"/> <input type="text"/>		
		2000 Bone conduction required? (Y/N)	6b11 <input type="checkbox"/>
2000 Air threshold	5b13 <input type="text"/> <input type="text"/> <input type="text"/>	2000 Unmasked bone threshold	6b12 <input type="text"/> <input type="text"/> <input type="text"/>
2000 Masking required? (Y/N)	5b14 <input type="checkbox"/>	2000 Masking required? (Y/N)	6b13 <input type="checkbox"/>
2000 Masked air threshold	5b15 <input type="text"/> <input type="text"/> <input type="text"/>	2000 Masked bone threshold	6b14 <input type="text"/> <input type="text"/> <input type="text"/>
2000 Air Masking Level	5b16 <input type="text"/> <input type="text"/> <input type="text"/>	2000 Bone Masking Level	6b15 <input type="text"/> <input type="text"/> <input type="text"/>
2000 Air threshold NR tested level	5b16a <input type="text"/> <input type="text"/> <input type="text"/>		
2000 Masked air threshold NR tested level	5b16b <input type="text"/> <input type="text"/> <input type="text"/>		
3000 Air threshold	5b17 <input type="text"/> <input type="text"/> <input type="text"/>		
3000 Masking required? (Y/N)	5b18 <input type="checkbox"/>		
3000 Masked air threshold	5b19 <input type="text"/> <input type="text"/> <input type="text"/>		
3000 Air Masking Level	5b20 <input type="text"/> <input type="text"/> <input type="text"/>		
3000 Air threshold NR tested level	5b20a <input type="text"/> <input type="text"/> <input type="text"/>		
3000 Masked air threshold NR tested level	5b20b <input type="text"/> <input type="text"/> <input type="text"/>		
		4000 Bone conduction required? (Y/N)	6b16 <input type="checkbox"/>
4000 Air threshold	5b21 <input type="text"/> <input type="text"/> <input type="text"/>	4000 Unmasked bone threshold	6b17 <input type="text"/> <input type="text"/> <input type="text"/>
4000 Masking required? (Y/N)	5b22 <input type="checkbox"/>	4000 Masking required? (Y/N)	6b18 <input type="checkbox"/>
4000 Masked air threshold	5b23 <input type="text"/> <input type="text"/> <input type="text"/>	4000 Masked bone threshold	6b19 <input type="text"/> <input type="text"/> <input type="text"/>
4000 Air Masking Level	5b24 <input type="text"/> <input type="text"/> <input type="text"/>	4000 Bone Masking Level	6b20 <input type="text"/> <input type="text"/> <input type="text"/>
4000 Air threshold NR tested level	5b24a <input type="text"/> <input type="text"/> <input type="text"/>		
4000 Masked air threshold NR tested level	5b24b <input type="text"/> <input type="text"/> <input type="text"/>		
6000 Air threshold	5b25 <input type="text"/> <input type="text"/> <input type="text"/>		
6000 Masking required? (Y/N)	5b26 <input type="checkbox"/>		
6000 Masked air threshold	5b27		

	<input type="text"/>		
6000 Air Masking Level	5b28 <input type="text"/>		
6000 Air threshold NR tested level	5b28a <input type="text"/>		
6000 Masked air threshold NR tested level	5b28b <input type="text"/>		
8000 Air threshold	5b29 <input type="text"/>		
8000 Masking required? (Y/N)	5b30 <input type="checkbox"/>		
8000 Masked air threshold	5b31 <input type="text"/>		
8000 Air Masking Level	5b32 <input type="text"/>		
8000 Air threshold NR tested level	5b32a <input type="text"/>		
8000 Masked air threshold NR tested level	5b32b <input type="text"/>		

### Hearing Loss Type

#### 6c1. Right Ear Hearing Loss Type

- Sensorineural hearing loss (SNHL)..... A
- Mixed hearing loss (MHL) ..... B
- Conductive hearing loss (CHL) ..... C
- Unable to determine (UD) ..... D

#### 6c2. Left Ear Hearing Loss Type

- Sensorineural hearing loss (SNHL) ..... A
- Mixed hearing loss (MHL)..... B
- Conductive hearing loss (CHL)..... C
- Unable to determine (UD)..... D

**7. Word Recognition Results**

	% Correct	Presentation Level	Masked (Y/N) → if N go to next row or question	Masking Level
<b>Right</b>	7a1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7a2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7a3 <input type="checkbox"/>	7a4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Left</b>	7b1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7b2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7b3 <input type="checkbox"/>	7b4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**8. Unaided Quick SIN Results**

**List 1 - Unaided**

Sentence	# Correct words
8a1 (S/N 25)	<input type="checkbox"/>
8a2 (S/N 20)	<input type="checkbox"/>
8a3 (S/N 15)	<input type="checkbox"/>
8a4 (S/N 10)	<input type="checkbox"/>
8a5 (S/N 5)	<input type="checkbox"/>
8a6 (S/N 0)	<input type="checkbox"/>

**List 2 - Unaided**

Sentence	# Correct words
8b1 (S/N 25)	<input type="checkbox"/>
8b2 (S/N 20)	<input type="checkbox"/>
8b3 (S/N 15)	<input type="checkbox"/>
8b4 (S/N 10)	<input type="checkbox"/>
8b5 (S/N 5)	<input type="checkbox"/>
8b6 (S/N 0)	<input type="checkbox"/>

9. Does the participant need a medical referral based on audiologic findings?

Yes.....Y

No.....N → **END FORM**

9a. Specify: \_\_\_\_\_