AUDIOLOGY ASSESSMENT FORM

ADMINISTRATIVE INFORMATION

0a. Completion Date: □□/□□/□□
0b. Staff ID: □□□

Otoscopy results

1a. RIGHT………………………………………………..□
Within normal limits………………………………………A
Cerumen management ........................................B
Other (specify in notelog)........................................C
Specify other:

1b. LEFT……………………………………………………..□
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………………………□
   Yes…..Y → Go to Item 2b
   No……..N
2a1. Specify abnormal___________________________

2b. LEFT within normal limits………………………□
   Yes…..Y → Go to Item 5a1
   No……..N
2b1. Specify abnormal___________________________
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<thead>
<tr>
<th>5. Air Conduction</th>
<th>6. Bone Conduction</th>
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<tbody>
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<td>Right Ear</td>
<td>Right Ear</td>
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<tr>
<td><strong>250 Air threshold</strong></td>
<td>5a1</td>
</tr>
<tr>
<td><strong>250 Masking required? (Y/N)</strong></td>
<td>5a2</td>
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<tr>
<td><strong>250 Air Masking Level</strong></td>
<td>5a4</td>
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<tr>
<td><strong>250 Air threshold NR tested level</strong></td>
<td>5a4a</td>
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<tr>
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<td>5a4b</td>
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AAF- Audiology Assessment Form
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<th>Left Ear</th>
<th>Left Ear</th>
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<tbody>
<tr>
<td>250 Air threshold</td>
<td>5b1</td>
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<tr>
<td>250 Masking required? (Y/N)</td>
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<td>250 Air threshold NR tested level</td>
<td>5b4a</td>
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<tr>
<td>250 Masked air threshold NR tested level</td>
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<td>Frequency (Hz)</td>
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**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

<table>
<thead>
<tr>
<th></th>
<th>% Correct</th>
<th>Presentation Level</th>
<th>Masked (Y/N) ➔ if N go to next row or question</th>
<th>Masking Level</th>
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<tbody>
<tr>
<td>Right</td>
<td>7a1</td>
<td>7a2</td>
<td>7a3</td>
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<tr>
<td>Left</td>
<td>7b1</td>
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8. Unaided Quick SIN Results

<table>
<thead>
<tr>
<th>List 1 - Unaided</th>
<th>List 2 - Unaided</th>
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<tbody>
<tr>
<td>Sentence</td>
<td># Correct words</td>
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<tr>
<td>8a1 (S/N 25)</td>
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<td>8a2 (S/N 20)</td>
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<td>8a4 (S/N 10)</td>
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</tr>
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<td>8a5 (S/N 5)</td>
<td>□</td>
</tr>
<tr>
<td>8a6 (S/N 0)</td>
<td>□</td>
</tr>
</tbody>
</table>

9. Does the participant need a medical referral based on audiologic findings? □
   Yes......Y
   No.......N ➔ END FORM

   9a. Specify: ________________________________________________________________