



Ancillary Study Interaction Form

ID NUMBER:

FORM CODE: ASI

DATE: 6/14/2021
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: Audiologist will begin this form when interacting (via unplanned visit, telephone call, or email) with a participant experiencing a new issue (see description in QxQ) with their hearing device(s). This form will track all interactions related to the issue until it is resolved.

A. Event: Hearing Program Issue

1. What was/were the reason(s) for the unplanned visit/telephone call?

1a. Hearing aid not functioning

Y = Yes

N = No

1b. Hearing aid volume is too loud/too soft

Y = Yes

N = No

1c. Hearing aid not fitting well

Y = Yes

N = No

1d. Hearing aid is making noise/feedback

Y = Yes

N = No

1e. Hearing aid became wet/soiled

Y = Yes

N = No

1f. Hearing aid got lost

Y = Yes

N = No

1g. Participant generally dissatisfied

Y = Yes
 N = No

1h. HAT not functioning

Y = Yes
 N = No

1i. HAT lost

Y = Yes
 N = No

1j. Reinstruction needed

Y = Yes
 N = No

1k. Request for supplies

Y = Yes
 N = No

1l. Other

Y = Yes
 N = No

111. Specify other:

B. Interactions

a. Date of unplanned interaction (mm/dd/yyyy)	b. Start time (hh:mm)	c. End time (hh:mm)	d. Type of Interaction Code	e. If H/SICF completed, enter Occurrence for the H/SICF (if no H/SICF was completed enter 0)
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26.				

C. Resolution

27. Was the issue resolved?

Y = Yes

N = No – **GO TO END OF FORM**

28. What action(s) was/were taken to resolve the issue?

28a. Hearing aid replacement device provided

Y = Yes

N = No

28b. HAT replacement device provided

Y = Yes

N = No

28c. Counseling and/or reinstruction

Y = Yes

N = No

28d. Study staff repairs

Y = Yes

N = No

28e. Participant self-repair

Y = Yes

N = No

28f. Supplies provided

Y = Yes

N = No

28g. Other

Y = Yes

N = No

28g1. Specify other:
