

## **COSI GOALS ACHIEVEMENT FORM**

ID NUMBER: FORM CODE: G A F DATE: 07/27/2017 Version 1.0
ADMINISTRATIVE INFORMATION
0a. Completion Date: Day Year Ob. Staff ID:
SECTION I: READ GOAL #1 FROM COSI BASELINE
1a. Rate the degree of change in your hearing ability since your first visit for this goal:
1Worse 2No difference 3Slightly better 4Much better
1b. Rate your ability to hear now for the first hearing situation:
□1Hardly ever (10%) □2Occasionally (25%) □3Half the time (50%) □4Most of the time (75%) □5Almost always (95%)
SECTION II: READ GOAL #2 FROM COSI BASELINE
2a. Rate the degree of change in your hearing ability since your first visit for this goal:
1Worse 2No difference 3Slightly better 4Much better
2b. Rate your ability to hear now for the second hearing situation:
□1Hardly ever (10%) □2Occasionally (25%) □3Half the time (50%) □4Most of the time (75%) □5Almost always (95%)

## SECTION III: READ GOAL #3 FROM COSI BASELINE

3a. Rate the degree of change in your hearing ability since your first visit for this goal:
☐1Worse ☐2No difference ☐3Slightly better ☐4Much better 3b. Rate your ability to hear now for the third hearing situation:
1Hardly ever (10%) 2Occasionally (25%) 3Half the time (50%) 4Most of the time (75%) 5Almost always (95%)