



HIFU INTERVENTION CHECK-UP FORM

ID NUMBER: [ ][ ][ ][ ][ ][ ][ ][ ][ ]

FORM CODE: [H][I][C][F]

DATE: 4/10/2023  
Version: 2.0

**Instructions:** Audiologist will complete this form based on the audiological assessment.

**ADMINISTRATIVE INFORMATION**

0a. Completion Date: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]  
Month Day Year

0b. Staff ID: [ ][ ][ ]

0c. Is this an annual visit?

Y = Yes  
 N = No

0d. Start Time: [ ][ ] : [ ][ ]  
Hour Minute

0e. End Time: [ ][ ] : [ ][ ]  
Hour Minute

0f. The interaction occurred by

- In-person Visit .....  A
- Video Call (GrandPad Session) .....  B
- Telephone (no video).....  C
- Curb-side interaction (Drop-off, pick-up) .....  D
- Asynchronous support (email, application-based messaging, postal mail service).....  E
- Hybrid (Multiple types of sessions).....  F
- myPhonak Remote Support.....  G

1. Is hearing devices data assessed during the visit?

Y = Yes  
 N = No – **GO TO ITEM 9**

Hearing Devices

1a. RIGHT hearing aid

- A=Phonak B-R 50
- B=Phonak B-R 70
- C=Phonak B-R 90
- D=Other
- E=No hearing aid
- F=Phonak L-R 50
- G=Phonak L-R 70
- H=Phonak L-R 90
- I=Phonak P-R 50
- J=Phonak P-R 70
- K=Phonak P-R 90

1b. LEFT hearing aid

- A=Phonak B-R 50
- B=Phonak B-R 70
- C=Phonak B-R 90
- D=Other
- E=No hearing aid
- F=Phonak L-R 50
- G=Phonak L-R 70
- H=Phonak L-R 90
- I=Phonak P-R 50
- J=Phonak P-R 70
- K=Phonak P-R 90

2a. RIGHT hearing aid receiver size

<input type="checkbox"/> 0S=0xS	<input type="checkbox"/> 2S=2xS
<input type="checkbox"/> 0M=0xM	<input type="checkbox"/> 2M=2xM
<input type="checkbox"/> 0P=0xP	<input type="checkbox"/> 2P=2xP
<input type="checkbox"/> 0U=0xUP	<input type="checkbox"/> 2U=2xUP
<input type="checkbox"/> 1S=1xS	<input type="checkbox"/> 3S=3xS
<input type="checkbox"/> 1M=1xM	<input type="checkbox"/> 3M=3xM
<input type="checkbox"/> 1P=1xP	<input type="checkbox"/> 3P=3xP
<input type="checkbox"/> 1U=1xUP	<input type="checkbox"/> 3U=3xUP

2b. LEFT hearing aid receiver size

<input type="checkbox"/> 0S=0xS	<input type="checkbox"/> 2S=2xS
<input type="checkbox"/> 0M=0xM	<input type="checkbox"/> 2M=2xM
<input type="checkbox"/> 0P=0xP	<input type="checkbox"/> 2P=2xP
<input type="checkbox"/> 0U=0xUP	<input type="checkbox"/> 2U=2xUP
<input type="checkbox"/> 1S=1xS	<input type="checkbox"/> 3S=3xS
<input type="checkbox"/> 1M=1xM	<input type="checkbox"/> 3M=3xM
<input type="checkbox"/> 1P=1xP	<input type="checkbox"/> 3P=3xP
<input type="checkbox"/> 1U=1xUP	<input type="checkbox"/> 3U=3xUP

3a. RIGHT dome

- O=Open/Cap
- C=Closed/Vented
- P=Power
- E=Earmold/Custom/Other → **GO TO ITEM 3b**

3b. LEFT dome

- O=Open/Cap
- C=Closed/Vented
- P=Power
- E=Earmold/Custom/Other → **GO TO ITEM 4a**

3a.1. Right dome size

- S=Small
- M=Medium
- L=Large

3b.1. Left dome size

- S=Small
- M=Medium
- L=Large

4a. Based on the EAA, is the RIGHT hearing aid operational?

- <sub>y</sub>=Yes→ **GO TO ITEM 4b**
- <sub>f</sub>=Failed initially
- <sub>x</sub>=Item not asked→ **GO TO ITEM 4b**

4a1. What failed and how was it corrected?

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4b. Based on the EAA, is the LEFT hearing aid operational?

- <sub>y</sub>=Yes→ **GO TO ITEM 5**
- <sub>f</sub>=Failed initially
- <sub>x</sub>=Item not asked→ **GO TO ITEM 5**

4b1. What failed and how was it corrected?

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5. Is real-ear data assessed?

- <sub>R</sub>=Right→ **GO TO ITEM 6a**
- <sub>L</sub>=Left→ **GO TO ITEM 6b**
- <sub>B</sub>=Both→ **GO TO ITEM 6a**
- <sub>x</sub>=Item not asked→ **GO TO ITEM 8**

**RIGHT**

6a. Right SII:

**LEFT**

6b. Left SII:

7a. RMS-D Data for Calculations

(Hz)	Targets for 65- input level	Real-ear aided Response (REAR)
500	7a1. <input type="text"/> <input type="text"/> <input type="text"/>	7a5. <input type="text"/> <input type="text"/> <input type="text"/>
1000	7a2. <input type="text"/> <input type="text"/> <input type="text"/>	7a6. <input type="text"/> <input type="text"/> <input type="text"/>
2000	7a3. <input type="text"/> <input type="text"/> <input type="text"/>	7a7. <input type="text"/> <input type="text"/> <input type="text"/>
4000	7a4. <input type="text"/> <input type="text"/> <input type="text"/>	7a8. <input type="text"/> <input type="text"/> <input type="text"/>

7b. RMS-D Data for Calculations

(Hz)	Targets for 65- input level	Real-ear aided Response (REAR)
500	7b1. <input type="text"/> <input type="text"/> <input type="text"/>	7b5. <input type="text"/> <input type="text"/> <input type="text"/>
1000	7b2. <input type="text"/> <input type="text"/> <input type="text"/>	7b6. <input type="text"/> <input type="text"/> <input type="text"/>
2000	7b3. <input type="text"/> <input type="text"/> <input type="text"/>	7b7. <input type="text"/> <input type="text"/> <input type="text"/>
4000	7b4. <input type="text"/> <input type="text"/> <input type="text"/>	7b8. <input type="text"/> <input type="text"/> <input type="text"/>

8. Is Hearing aid daily use from Data Logging collected during the visit?

Y=Yes

N=No **GO TO ITEM 9**

8a. Average use RIGHT ...

8b. Average use LEFT .....

9. Is HATs assessed during the visit?

Y = Yes

N = No – **GO TO ITEM 10**

Indicate which Hearing Assistive Technologies (HATs) were provided and confirm consistent usage.

HAT	Provided (Y/N)	Used by participant (Y/N)
a. ComPilot Air II	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No
b. Remote Mic	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No
c. TVLink II	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No
d. ComPilot II	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No
e. Roger X	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No
f. Roger Pen	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No
g. Roger Mic	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No
h. Roger Touchscreen Mic	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No
i. MyPhonak app	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No
j. PartnerMic	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No	<input type="checkbox"/> y = Yes <input type="checkbox"/> n = No

k. TV Connector	<input type="checkbox"/> <sub>y</sub> = Yes <input type="checkbox"/> <sub>n</sub> = No	<input type="checkbox"/> <sub>y</sub> = Yes <input type="checkbox"/> <sub>n</sub> = No
l. Phonak Remote Control	<input type="checkbox"/> <sub>y</sub> = Yes <input type="checkbox"/> <sub>n</sub> = No	<input type="checkbox"/> <sub>y</sub> = Yes <input type="checkbox"/> <sub>n</sub> = No
m. Roger Select	<input type="checkbox"/> <sub>y</sub> = Yes <input type="checkbox"/> <sub>n</sub> = No	<input type="checkbox"/> <sub>y</sub> = Yes <input type="checkbox"/> <sub>n</sub> = No
n. Roger On	<input type="checkbox"/> <sub>y</sub> = Yes <input type="checkbox"/> <sub>n</sub> = No	<input type="checkbox"/> <sub>y</sub> = Yes <input type="checkbox"/> <sub>n</sub> = No
o. Direct Bluetooth Connectivity	<input type="checkbox"/> <sub>y</sub> = Yes <input type="checkbox"/> <sub>n</sub> = No	<input type="checkbox"/> <sub>y</sub> = Yes <input type="checkbox"/> <sub>n</sub> = No

10. Is aided Quick SIN assessed?

<sub>y</sub> = Yes

<sub>n</sub> = No **GO TO ITEM 11**

**Quick SIN Results – AIDED**

10a. List 1	
Sentence	# Correct words
1 (S/N 25)	10a1 <input type="checkbox"/>
2 (S/N 20)	10a2 <input type="checkbox"/>
3 (S/N 15)	10a3 <input type="checkbox"/>
4 (S/N 10)	10a4 <input type="checkbox"/>
5 (S/N 5)	10a5 <input type="checkbox"/>
6 (S/N 0)	10a6 <input type="checkbox"/>

10b. List 2	
Sentence	# Correct words
1 (S/N 25)	10b1 <input type="checkbox"/>
2 (S/N 20)	10b2 <input type="checkbox"/>
3 (S/N 15)	10b3 <input type="checkbox"/>
4 (S/N 10)	10b4 <input type="checkbox"/>
5 (S/N 5)	10b5 <input type="checkbox"/>
6 (S/N 0)	10b6 <input type="checkbox"/>

11. Was the session completed via telehealth?

Y = Yes

N = No **END FORM**

12. Did the audiologist or participant experience any complications or difficulties during the telehealth session?

Y = Yes

N = No **END FORM**

12a. Telehealth complications/difficulties due to:

I = Internet Stability

C = Bluetooth connection

A = Audio

B = Battery

O = Other

12b. Telehealth complications/difficulties resolved?

Y = Yes

N = No

13. Were programming changes made?

Y = Yes

N = No

NOTE: If changes were made, please create a reminder to complete real ear aided responses once participant is seen in-office next.

14. Was AudiogramDirect completed?

Y=Yes → **GO TO ITEM 14a**

N=No → **End of form**

14a. If yes, record obtained Air Conduction thresholds

Right Ear	
250 Air threshold	14a1 <input type="text"/> <input type="text"/> <input type="text"/>
500 Air threshold	14a2 <input type="text"/> <input type="text"/> <input type="text"/>
1000 Air threshold	14a3 <input type="text"/> <input type="text"/> <input type="text"/>
2000 Air threshold	14a4 <input type="text"/> <input type="text"/> <input type="text"/>
3000 Air threshold	14a5 <input type="text"/> <input type="text"/> <input type="text"/>
4000 Air threshold	14a6 <input type="text"/> <input type="text"/> <input type="text"/>
6000 Air threshold	14a7 <input type="text"/> <input type="text"/> <input type="text"/>

Left Ear	
250 Air threshold	14b1 <input type="text"/> <input type="text"/> <input type="text"/>
500 Air threshold	14b2 <input type="text"/> <input type="text"/> <input type="text"/>
1000 Air threshold	14b3 <input type="text"/> <input type="text"/> <input type="text"/>
2000 Air threshold	14b4 <input type="text"/> <input type="text"/> <input type="text"/>
3000 Air threshold	14b5 <input type="text"/> <input type="text"/> <input type="text"/>
4000 Air threshold	14b6 <input type="text"/> <input type="text"/> <input type="text"/>
6000 Air threshold	14b7 <input type="text"/> <input type="text"/> <input type="text"/>