



INTERVENTION CHECK-UP FORM

ID NUMBER:

FORM CODE:

DATE: 09/15/2017
Version 2.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

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

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

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

2a. RIGHT hearing aid receiver size

- 0S=0xS
- 0P=0xP
- 1S=1xS
- 1P=1xP
- 2S=2xS
- 2P=2xP
- 3S=3xS
- 3P=3xP

2b. LEFT hearing aid receiver size

- 0S=0xS
- 0P=0xP
- 1S=1xS
- 1P=1xP
- 2S=2xS
- 2P=2xP
- 3S=3xS
- 3P=3xP

3a. RIGHT dome

- O=Open
- C=Closed
- P=Power
- E=Earmold/Custom/Other

3b. LEFT dome

- O=Open
- C=Closed
- P=Power
- E=Earmold/Custom/Other

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

- y=Yes
- n=No
- x=Item not asked

4a1. Record correction:

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

- y=Yes
- n=No
- x=Item not asked

4b1. Record correction:

5. Is real-ear data assessed?

- R=Right
- L=Left
- B=Both
- x=Item not asked

RIGHT

6a. SII:

7a. RMS-D Data for Calculations

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

LEFT

6b. SII:

7b. RMS-D Data for Calculations

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

8. Hearing aid daily use from Data Logging

8a. Average use RIGHT ...

8b. Average use LEFT

9. 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

10. Is aided Quick SIN assessed?

Y = Yes
 N = No

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"/>