



Audiology Assessment

ID NUMBER:

FORM CODE: A U D

DATE: 04/01/2016
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Exam type:

Instructions: To be completed by study technician. The form is to be used for both the clinic exam and the home/LTCF exam. The home exam is abbreviated; the relevant sections are noted on the form.

Otoscopy results (clinic and home/LTCF exam)

1a. RIGHT

Visible Eardrum..... A

Excessive Cerumen (<50% eardrum visible) .. B

Impacted Cerumen (No visible eardrum) C

Other D

1a1. Specify Other:

1b. LEFT

Visible Eardrum..... A

Excessive Cerumen (<50% eardrum visible) . B

Impacted Cerumen (No visible eardrum) C

Other D

1b1. Specify Other:

Notes: Clinic exam: if excessive cerumen, impacted cerumen, and/or other otoscopy results found in either ear, proceed with supra aural headphones for both ears. Home/LTCF exam: always use supra aural headphones.

Headphone Selection (clinic exam)

2. Headphones Selected.....

Insert Earphones A

Supra Aural Headphones B

Ambient Noise Levels (home/LTCF exam)

3. Were ambient noise levels acceptable prior to testing?.....

Yes Y

No..... N – END FORM

Notes: Clinic and home/LCTF exam: begin with right ear if last digit of ID NUMBER is odd, left ear if digit is even.

Audiometric Results Pure-Tone Air Conduction (clinic and home/LTCF exam)

	1000 Hz	500 Hz	250 Hz	Repeat 1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz
Right Threshold (clinic and home)	4a1 -----	4a3 -----	4a5 -----	4a7 -----	4a9 -----	4a11 -----	4a13 -----	4a15 -----	4a17 -----
Acceptable Noise (Y/N) (home)	4a2 <input type="checkbox"/>	4a4 <input type="checkbox"/>	4a6 <input type="checkbox"/>	4a8 <input type="checkbox"/>	4a10 <input type="checkbox"/>	4a12 <input type="checkbox"/>	4a14 <input type="checkbox"/>	4a16 <input type="checkbox"/>	4a18 <input type="checkbox"/>
Left Threshold (clinic and home)	4b1 -----	4b3 -----	4b5 -----	4b7 -----	4b9 -----	4b11 -----	4b13 -----	4b15 -----	4b17 -----
Acceptable Noise (Y/N) (home)	4b2 <input type="checkbox"/>	4b4 <input type="checkbox"/>	4b6 <input type="checkbox"/>	4b8 <input type="checkbox"/>	4b10 <input type="checkbox"/>	4b12 <input type="checkbox"/>	4b14 <input type="checkbox"/>	4b16 <input type="checkbox"/>	4b18 <input type="checkbox"/>

QuickSin Results (clinic exam)

List 12 (Track 14)

- 5a. The **hinge** on the **door** **creaked** with **old age**..... /5
- 5b. The **bright lanterns** were **gay** on the **dark lawn** /5
- 5c. He **offered proof** in the **form** of a **large chart** /5
- 5d. **Their eyelids droop** for **want** of **sleep** /5
- 5e. There are **many ways** to **do these things**..... /5
- 5f. **We like** to **see clear weather**..... /5

List 15 (Track 17)

- 5g. **Poached eggs** and **tea must suffice** /5
- 5h. They **sang** the **same tunes** at **each party** /5
- 5i. A **gold vase** is **both rare** and **costly** /5
- 5j. **Cod** is the **main business** of the **north shore** /5
- 5k. A **round mat** will **cover** the **dull spot** /5
- 5l. A **good book informs** of what we **ought** to **know** /5

Tympanometry Results (clinic exam)

6. Was tympanometry completed at today's visit?

- Yes A
- No due to time constraints B – END FORM
- No due to inability to obtain hermetic seal C – END FORM

RIGHT

LEFT

- | | |
|--|--|
| 6a. Ear Canal Volume <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> | 6e. Ear Canal Volume <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> |
| 6b. Peak Static Admittance ... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> | 6f. Peak Static Admittance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> |
| 6c. Peak Pressure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> | 6g. Peak Pressure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> |
| 6d. Gradient <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> | 6h. Gradient <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/> <input type="checkbox"/> |