



# Audiology Assessment

ID  
NUMBER:

FORM CODE: AUD

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 <b>Threshold</b> (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 <b>Threshold</b> (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 ..... ☐☐☐☐ . ☐☐ 6e. Ear Canal Volume ..... ☐☐☐☐ . ☐☐

6b. Peak Static Admittance ... ☐☐☐☐ . ☐☐ 6f. Peak Static Admittance ..... ☐☐☐☐ . ☐☐

6c. Peak Pressure ..... ☐☐☐☐ . ☐☐ 6g. Peak Pressure ..... ☐☐☐☐ . ☐☐

6d. Gradient ..... ☐☐☐☐ . ☐☐ 6h. Gradient ..... ☐☐☐☐ . ☐☐