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COSI GOALS ACHIEVEMENT FORM

ID NUMBER:	FORM CODE: G A	F DATE: 07/27/2017 Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date:	Month	Day	Year	0b. Staff ID:]
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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:

1...Worse
2...No difference
3...Slightly better
4...Much better

1b. Rate your ability to hear now for the first hearing situation:

□1...Hardly ever (10%)
 □2...Occasionally (25%)
 □3...Half the time (50%)
 □4...Most of the time (75%)
 □5...Almost 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:

1...Worse 2...No difference 3...Slightly better 4...Much better

2b. Rate your ability to hear now for the second hearing situation:

□1...Hardly ever (10%)
 □2...Occasionally (25%)
 □3...Half the time (50%)
 □4...Most of the time (75%)
 □5...Almost 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:

1...Worse

2...No difference

□3...Slightly better

4...Much better

3b. Rate your ability to hear now for the third hearing situation:

1...Hardly ever (10%)

2...Occasionally (25%)

 $\boxed{3}$...Half the time (50%)

 \square 4...Most of the time (75%)

5...Almost always (95%)