SA INTERVENTION CHECK-UP FORM

ID NUMBER: ⬚⬚⬚⬚⬚⬚   FORM CODE: | S | I | C | F | DATE: 3/31/2023
Version 4.0

ADMINISTRATIVE INFORMATION

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

0c. Start Time: ⬚⬚:⬚⬚   0.d End Time: ⬚⬚:⬚⬚

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

Hearing devices

1a. RIGHT hearing aid

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

1b. LEFT hearing aid

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

2a. RIGHT hearing aid receiver size

☐ 0S=0xS   ☐ 2S=2xS
☐ 0M=0xM   ☐ 2M=2xM
☐ 0P=0xP   ☐ 2P=2xP
☐ 0U=0xUP   ☐ 2U=2xUP
☐ 1S=1xS   ☐ 3S=3xS
☐ 1M=1xM   ☐ 3M=3xM
☐ 1P=1xP   ☐ 3P=3xP
☐ 1U=1xUP   ☐ 3U=3xUP

2b. LEFT hearing aid receiver size

☐ 0S=0xS   ☐ 2S=2xS
☐ 0M=0xM   ☐ 2M=2xM
☐ 0P=0xP   ☐ 2P=2xP
☐ 0U=0xUP   ☐ 2U=2xUP
☐ 1S=1xS   ☐ 3S=3xS
☐ 1M=1xM   ☐ 3M=3xM
☐ 1P=1xP   ☐ 3P=3xP
☐ 1U=1xUP   ☐ 3U=3xUP

3a. RIGHT dome

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

3b. LEFT dome

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

3a1. Right dome size

☐ S=Small ☐ M=Medium ☐ L=Large

3b1. Left dome size

☐ S=Small ☐ M=Medium ☐ L=Large

4. How was the session completed?

- ☐ r=myPhonak Remote Support → **GO TO NEXT ITEM, STOP AFTER ITEM 13**
- ☐ p=Phone Call → **GO TO ITEM 12, STOP AFTER ITEM 13**
- ☐ c=Curbside Session→ **GO TO ITEM 12, STOP AFTER ITEM 13**
- ☐ o=In-Office → **GO TO ITEM 12**
- ☐ h=Hybrid (Multiple types of sessions) → **GO TO NEXT ITEM**
- ☐ a=Asynchronous support (email, application-based messaging, postal mail service) → **GO TO ITEM 12, STOP AFTER ITEM 14**

5. Completed the Phonak Target Internet Test?

- ☐ y=Yes
- ☐ n=No

6. Device connected for remote session

- ☐ I=iPhone
- ☐ A=Android
- ☐ W=Windows Smartphone
- ☐ T= Tablet
- ☐ G= GrandPad
- ☐ O= Other

7. Participant internet connection method

- ☐ W=WiFi
- ☐ D=Data (4G, 3G)
- ☐ N=Not Sure

8. Participant internet connection speed (if applicable)

☐ B=Below 5mbps

☐ A=Above 5mbps

☐ X=Not applicable

9. 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.

10. Was AudiogramDirect completed?

☐ y=Yes → **GO TO ITEM 10a**

☐ n=No → **GO TO ITEM 11**

10a. If yes, record obtained Air Conduction thresholds

Right Ear	
250 Air threshold	10a1 ☐☐☐
500 Air threshold	10a2 ☐☐☐
1000 Air threshold	10a3 ☐☐☐
2000 Air threshold	10a4 ☐☐☐
3000 Air threshold	10a5 ☐☐☐
4000 Air threshold	10a6 ☐☐☐
6000 Air threshold	10a7 ☐☐☐

Left Ear	
250 Air threshold	10b1 ☐☐☐
500 Air threshold	10b2 ☐☐☐
1000 Air threshold	10b3 ☐☐☐
2000 Air threshold	10b4 ☐☐☐
3000 Air threshold	10b5 ☐☐☐
4000 Air threshold	10b6 ☐☐☐
6000 Air threshold	10b7 ☐☐☐

11. Did the audiologist or participant experience remote session complications or difficulties during this visit?

☐ y=Yes

☐ n=No → **GO TO ITEM 12**

11a. Remote Session complications/difficulties due to:

☐ l=Internet Stability

☐ c=Bluetooth connection

☐ a=Audio

☐ b=Battery

☐ o= Other

11b. Remote Session complications/difficulties resolved?

☐ y=Yes

☐ n=No

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

☐ y=Yes→ **GO TO ITEM 12a**

☐ n=No→ **GO TO ITEM 13**

12a. Average use RIGHT ☐☐☐☐   12b. Average use LEFT ☐☐☐☐

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

HAT	Provided (Y/N)	Used by participant (Y/N)
a. myPhonak app	☐ y = Yes ☐ n = No	☐ y = Yes ☐ n = No
b. PartnerMic	☐ y = Yes ☐ n = No	☐ y = Yes ☐ n = No
c. TV Connector	☐ y = Yes ☐ n = No	☐ y = Yes ☐ n = No
d. Phonak Remote Control	☐ y = Yes ☐ n = No	☐ y = Yes ☐ n = No
e. Roger Select	☐ y = Yes ☐ n = No	☐ y = Yes ☐ n = No
f. Roger Pen	☐ y = Yes ☐ n = No	☐ y = Yes ☐ n = No

g. Direct Bluetooth Connectivity	☐ y = Yes ☐ n = No	☐ y = Yes ☐ n = No
h. Roger On	☐ y = Yes ☐ n = No	☐ y = Yes ☐ n = No

14a. Was EAA Performed for the RIGHT Hearing aid?

☐ y=Yes

☐ n=No → **GO TO ITEM 14b**

14a1. Based on the EAA, is the RIGHT hearing aid operational?

☐ y=Yes → **GO TO ITEM 14b**

☐ f=Failed initially

14a2. What failed and how was it corrected?

_____

_____

14b. Was EAA performed for the LEFT hearing aid?

☐ y=Yes

☐ n=No → **GO TO ITEM 15**

14b1. Based on the EAA, is the LEFT hearing aid operational?

☐ y=Yes→ **GO TO ITEM 15**

☐ f=Failed initially

14b2. What failed and how was it corrected?

_____

_____

15. Was real-ear data assessed?

☐ R=Right → **GO TO ITEM 15a**

☐ L=Left→ **GO TO ITEM 15b**

☐ B=Both→ **GO TO ITEM 15a**

☐ N= Not Assessed → **GO TO ITEM 17**

☐ X= Item not asked → **GO TO ITEM 17**

RIGHT

15a. Right SII: ☐☐☐

16a. RMS-D Data for Calculations

(Hz)	Targets for 65-input level	Real-ear aided Response (REAR)
500	16a1. ☐☐☐	16a5. ☐☐☐
1000	16a2. ☐☐☐	16a6. ☐☐☐
2000	16a3. ☐☐☐	16a7. ☐☐☐
4000	16a4. ☐☐☐	16a8. ☐☐☐

LEFT

15b. Left SII: ☐☐☐

16b. RMS-D Data for Calculations

(Hz)	Targets for 65-input level	Real-ear aided Response (REAR)
500	16b1. ☐☐☐	16b5. ☐☐☐
1000	16b2. ☐☐☐	16b6. ☐☐☐
2000	16b3. ☐☐☐	16b7. ☐☐☐
4000	16b4. ☐☐☐	16b8. ☐☐☐

17. Was aided Quick SIN assessed?

☐ Y = Yes

☐ N = No End of form

Quick SIN Results - AIDED

17a. **List 1**	
Sentence	**# Correct words**
1 (S/N 25)	17a1 ☐
2 (S/N 20)	17a2 ☐
3 (S/N 15)	17a3 ☐
4 (S/N 10)	17a4 ☐
5 (S/N 5)	17a5 ☐
6 (S/N 0)	17a6 ☐

17b. **List 2**	
Sentence	**# Correct words**
1 (S/N 25)	17b1 ☐
2 (S/N 20)	17b2 ☐
3 (S/N 15)	17b3 ☐
4 (S/N 10)	17b4 ☐
5 (S/N 5)	17b5 ☐
6 (S/N 0)	17b6 ☐