



INSTRUCTIONS FOR COSI and COSIX GOALS ACHIEVEMENT (GAF) FORM

I. General Instructions

The GOALS ACHIEVEMENT FORM checks in on the goals set in the Client-Oriented Scale of Improvement Baseline (COSI) form for ACHIEVE participants. For the Hearing Intervention Follow-up Study (HICF) the GOALS ACHIEVEMENT FORM checks in on the goals set in the Client-Oriented Scale of Improvement Baseline (COSIX) form.

For ACHIEVE this form is to be completed during intervention follow-up visits after the initial hearing aid fitting (visit 3-6).

For HIFU this form is to be completed during every HIFU intervention and follow-up visit after the randomization visit for both treatment arms.

II. Detailed Instructions for Each Item– Clinic Exam

Enter form information for Participant ID Number, Visit #, and OCC #.

0a. Enter the date on which the participant was seen in the clinic.

0b. Enter the staff ID for the person who completed this form.

1a. This question looks at hearing ability within the setting of the goal. Please have the participant rate their change in hearing within the context of the goal from the COSI/COSIX baseline since intervention.

1b. This question rates overall ability (not change) in the context of the specific situation outlined in the COSI baseline. Please have the participant answer their ability to hear in the context of the COSI/COSIX goal.

For HIFU for both 1a and 1b, use the following scripts to describe goal achievement ratings based on when the goal was set (ACHIEVE versus ACHIEVE-HIFU):

If the goal is new to ACHIEVE-HIFU, ask the participant the following:

“This was a goal you made at your randomization visit for the new ACHIEVE study. Please rate your change in hearing since beginning this new ACHIEVE study”.

If the goal is from original ACHIEVE, ask the participant the following:

“This was a goal you made at the very beginning of starting the ACHIEVE study, over 3 years ago. Please rate your change in hearing since beginning the ACHIEVE study”.

Repeat for 2a-2b and 3a-3b