



SA INTERVENTION CHECK-UP FORM (SICF)

I. General Instructions

The SA Intervention Check-Up Form (SICF) collects technical information about the participant's hearing intervention. This includes basic information about whether a participant is using their hearing aids, the hearing aid type and specifications, information about the functionality of the hearing aids, information about hearing assistive technologies, aided QuickSIN results. If a Remote Support session was completed, this form also collects information about the connection method, speed, success, and programming changes.

This form is to be completed during the Intervention visits and all semi- and annual visits. If a successful aging participant does not complete any of the hearing 4 intervention visits, then set the SICF to permanently missing for each intervention visit that was not completed. For example, if the participant does not complete sessions C and D then set SICF occurrences 3 and 4 to permanently missing.

SICF guidance for appointments involving a device upgrade:

If the participant is receiving a device upgrade during a scheduled visit: Complete the SICF within the correct ANX visit form group with the original device information. Then, within the unscheduled visit group, complete another SICF with the upgraded device information. The date should be the same as the SICF for the scheduled visit. Item 0c should be marked "Yes" for annual visit, and the times recorded in items 0d and 0e should reflect the timing for the device upgrade. Times recorded on the Unscheduled Visit SICF must not overlap with the times recorded on the SICF in the visit form group. You will also need to complete an ASI with the same date as the scheduled visit. Times recorded on the ASI may overlap with the SICF. See instructions for 0c.

If the participant is receiving a device upgrade during an unscheduled visit, complete an SICF within the unscheduled visit group with the upgraded device information. Note: Datalogging on the SICF will be assigned to the original device's data. You will also need to complete an ASI with same date as un-scheduled visit.

Enter SICF data into the ACHIEVE Unscheduled Visits form group if the SICF was collected during an unscheduled visit during the participant's intervention period (approximately 2-8 weeks post-ACHIEVE Y3). Otherwise, enter SICF data into the ANX Unscheduled Visits form group if the SICF was collected during an unscheduled visit.

II. Detailed Instructions for Each Item

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.

0c. Enter the time you started the session.

Start time should represent the clinician's time engaging with AND attempting to engage with the participant. If time is spent reaching out to the participant to remind them of their remote session, or if time is spent troubleshooting, it should be included in the start time. If an ASI CRF is also completed, please replicate the time stamp on both the SICF and ASI.

0d. Enter the time you ended the session.

Hearing Devices

It is important to note that this question is used to determine “drop out” of the intervention. Record the device used by the participant (Level 50, 70, and 90). However, if they are not using hearing aids at all (e.g., returned devices) the “No hearing aid” options should be selected. The “No Hearing Aid” option should also be selected if the participant is not currently wearing hearing aids and does not express interest in resuming hearing aid use, even if they are currently in possession of the hearing aids. The “Other” options can be used when a participant is using their own hearing aids or for alternative types of devices, such as, but not limited to, in-the-ear, CROS, or pocket talkers.

1a. Record Hearing Aid for right ear

1b. Record Hearing Aid for left ear

Hearing Device Receivers

2a. Record the receiver size/power level for right hearing aid

2b. Record the receiver size/power level for left hearing aid

Hearing Device Domes

3a. Record the dome type for right hearing aid

3b. Record the dome type for left hearing aid

If an Earmold/Custom/Other is chosen for 3a or 3b, SKIP to item 4.

3.a.1. Record the dome size for the right hearing aid.

Although Cap domes are one size, please select "SMALL" as the size option when the participant has a Cap dome.

3.b.1. Record the dome size for the left hearing aid.

Mode of Delivery (4)

Completing a Remote Support session via the myPhonak App is the goal for Sessions B-D, however the participant may be seen in-office for any session.

4. Record if the session was completed via myPhonak Remote Support, Telephone call, Drop-off or Drive-by session, or In-Office. If the session was completed via Remote Support, continue to the next question. You should stop after item 13. If a session is completed via Telephone, Drop-off/Drive-by, SKIP to item 12 and then stop after item 13. If a session is completed In-Office, SKIP to item 12. If the visit was started with remote support and there were complications or difficulties and the visit has to be completed via a different mode, then select “Hybrid” and enter a notelog with what the other mode was.

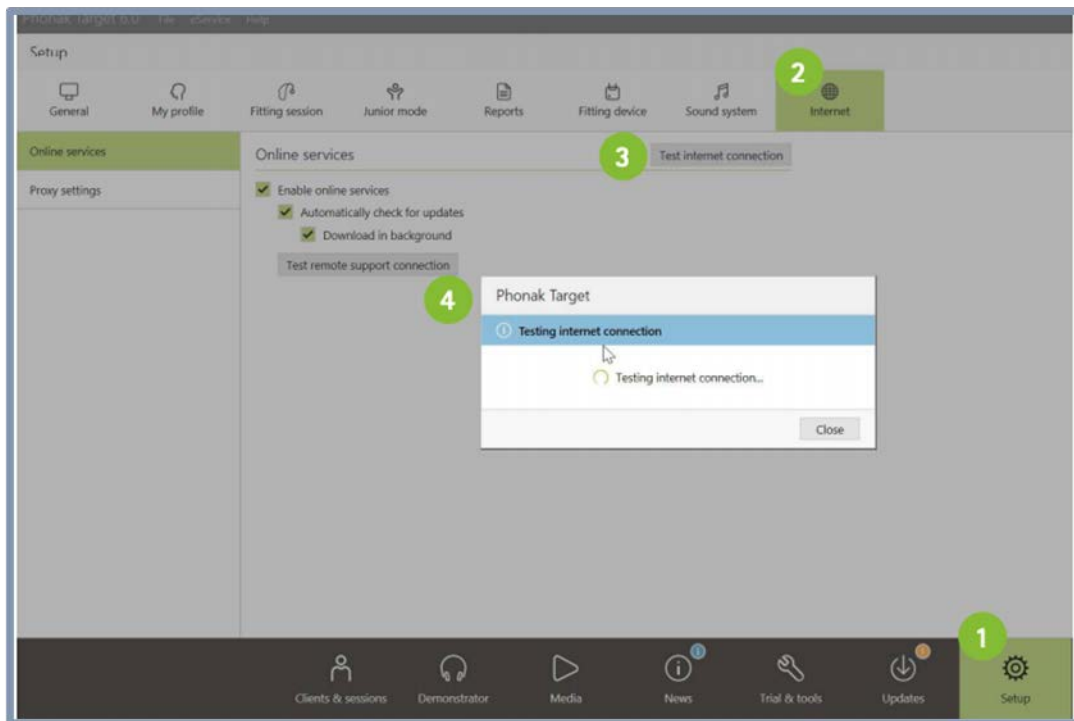
Remote Support Session Information (5-11b)

Completing a Remote Support session via the myPhonak App is the goal for Sessions B-D, however the participant may be seen in-office for any session.

Phonak Target Internet Test

5. Yes or No if the audiologist completed the Phonak Target Internet Test. See steps below in Target

Image 5: Phonak Target Internet Test



Device connected

6. Record the participant's type of device connected for the remote session. You will need to ask the participant this question. If the device is unknown by the participant, select other and please enter a notelog explaining that the participant does not know.

Internet connection method

7. Record the participant internet connection method. This information can be gathered on your side of the Target software in the upper corner of the participant's video (See Image 7). If the participant switched the connection method during the session, record the connection method which the appointment was completed and saved with.

Image 7: Internet Connection Method

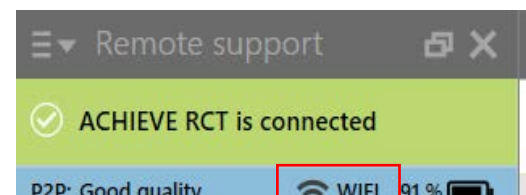
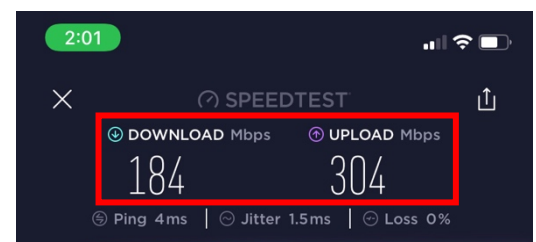


Image 8: Internet Connection Speed

Participant Internet connection speed

8. Participant - If the participant was instructed to use the Internet Speed Test App, then ask them what the upload and download speed report states (See Image 8). If EITHER number reported is below 5mbps, then document "Below 5mbps". If BOTH numbers are above 5mbps, then choose "Above 5mbps".



Programming changes

9. Yes or No if programming changes were made

NOTE: If programming changes were made, please create a reminder to complete real ear aided responses once the participant is seen in-office next. Real-ear aided responses cannot be made via a Remote Support Session.

AudiogramDirect

AudiogramDirect is an in-situ audiometry feature to check participant's thresholds directly via Phonak Marvel hearing aids during a Remote Support session. Quickly check thresholds using the AudiogramDirect feature. Please note AudiogramDirect is not designed to replace a clinical audiological test. If thresholds have changed more than 24 dB, please schedule them for an in-office visit for a full audiometric assessment.

10. Yes or No if AudiogramDirect was completed?

If yes, go to item 10a. If no, SKIP to item 11.

10a. Record the obtained Air Conduction thresholds for the right and left ear from 250-6000 Hz

Remote Support Session Success

11. Yes or No if the audiologist or participant experienced remote session complications or difficulties during the visit.

If yes, continue to item 11a and 11b. If no, SKIP to item 12.

11a. Choose the option for cause of the Remote Session complications or difficulties. If the cause is not listed as an option, select "Other" and add a notelog to briefly explain the situation.

11b. Yes or No if the complications/difficulties were resolved. Note, only considered "resolved" if the remote session was continued or reconnected and saved successfully via myPhonak Remote Support.

Data Logging

This is a measure of average daily hours of usage for the hearing aids derived from the Phonak Software

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

If yes, Go to item 12a

If no, Go to item 13

12a. Record the number of hours the device was worn per software reading for the right ear

12b. Record the number of hours the device was worn per software reading for the left ear

If the participant is not wearing the hearing aids for an average of at least 4 hours/day

"I see that the time log for your hearing aids is showing about [example: 2 hours] of daily use. What do you think we can do to get that number a little higher? Perhaps closer to at least 4 hours a day?"

Participant Report	<i>Recommended discussion/action</i>
The hearing aids are physically uncomfortable or sound quality and/or loudness issues.	Modify the hearing aid acoustic coupling and/or programming appropriately.
Participant does not provide a reason or describes lacking motivation	Revisit their COSI goals and/or use the Line and Box tools.

Participant reports being alone for most of the day and states that there is nothing to hear.	<p>Ask the participant to consider:</p> <ul style="list-style-type: none"> • Wearing hearing aids in quiet situations allows many users to feel connected to everyday quiet environmental sounds that can be quite pleasant, such as birds or pets. • It allows users to be prepared for an unexpected situation, such as an incoming phone call or visit. <p>Ask if they have you experienced these benefits or can you think of any other reasons to keep the hearing aids on during downtime.</p>
Participant reports being outside or working in loud environments for most of the day.	Offer a lanyard clip or extra travel case, if available.

Follow up after all concerns have been addressed by saying:

Hearing aids work best when they are worn ALL waking hours of the day. This allows your brain to get used to listening with the hearing aids and will help you to reach your listening goals”

Letting the person express their thoughts gives them more sense of control over the recommendation, and thus more likely to follow through. If the participant continues to express doubt or ambiguity about her/his ability to wear the hearing aids for at least 4 hours a day, utilize the Ida Tools (Line and Box) to start a conversation to explore what the real barriers are to doing so.

Hearing Assistive Technologies

Devices may be provided to the participants to assist with hearing in difficult situations. The audiologist will distribute these per the manual of operations criteria and recommendations.

13a-h. Indicate if the device was provided (Y/N) and is the participant is using it (Y/N)

If the audiologist dispenses a HAT in Session A, they should select “Yes” for HAT but “No” for "used by participant", until the HAT coupling/orientation is complete and/or the participant verbally reports they are using the device.

13a. myPhonak app “Provided”: Choose this option if the participant’s hearing aids are connected to the myPhonak app

13a. myPhonak app “Used by Participant”: Choose this option and to their smart device, as long as the app is downloaded on the participants phone, unless they verbally report that they deleted or are no longer using the app.

NOTE: The participant can use the myPhonak app for the remote control, hearing diary, etc - even if they are not complete Remote Support sessions.

13g. Direct Bluetooth connectivity: Chose this option if the participant's hearing aids are directly connected to a Bluetooth compatible device, not included in a-f (ie: SmartTV, Speaker system, etc).

NOTE: If a participant is directly connected to a smartphone ONLY for streaming purposes, chose this option. Therefore, chose this option if the participant is connected to their smartphone, and NOT connected to the myPhonak app.

If a participant is using a hearing assistive device that is not included in 13a – 13h, such as a DECT, then record this information in a notelog under item 13a1. Include in the notelog: name of the device, indicate if the device was provided (Y/N) and is the participant is using it (Y/N)

The following procedures (14-16) can only be completed if the session is completed in-office.

EAA

EAA is the process of looking at the technical output of the hearing device via a Verifit testbox.

14a. Yes or No if EAA results were performed for the right hearing aid

If yes, continue to item 14a1 and 14a2. If No, SKIP to item 14b.

14b. Yes or No if EAA results were performed for the left hearing aid

If yes, continue to item 14b1 and 14b2. If No, SKIP to item 15.

14a1. and 14b1. Based on the EAA, is the hearing aid operational?

- Select "Yes" if the hearing aid is operational upon first completion of EAA.
 - If yes, SKIP to item 15.
- Select "Failed initially" if the hearing aid failed upon the first completion of EAA, but a repair or replacement was performed, and repeat EAA indicated that the hearing aid is within tolerance for each parameter according to the manufacturer specifications or site-specific normative data.

14a2. and 14b2. Record what failed and how it was corrected, if EAA results were inconsistent with operational aids

Real Ear Testing (15-16)

Real ear testing examines whether the hearing aids meet prescribed targets based on hearing loss. This is performed at the fitting visit and subsequent visits as needed.

Please select "Not Assessed" when the participant is in-office, real ear COULD have been completed, but was not, likely due to the fact that programming changes were not made

Please select "Not Asked" when real ear could not be completed due to the fact it was a remote visit (telephone, remote session)

15. Record if real-ear data was assessed for the right, left or both (must be assessed for both at time of fitting). If Item was not asked, SKIP to item 17.

15a. Record the SII value from real-ear data assessment in right ear

15b. Record the SII value from real-ear data assessment in left ear

16a1-16a8. Record the targets and actual responses (REAR) for 500-4000 Hz for right ear

16b1-16b8 Record the targets and actual responses (REAR) for 500-4000 Hz for left ear

Aided QuickSIN Results

Aided speech in noise testing is completed using the QuickSIN Test. See table below indicating what worksheet to use at each visit. The QuickSIN word lists are programmed into the audiometer and presented at 70 dB HL at a 0-degree azimuth to the participant with noise (varying levels) at a 180 degree azimuth. This test is performed in the soundfield with hearing aids to examine benefit. Suggested script:

"Imagine that you are at a party. There will be a woman talking and several other talkers in the background. The woman's voice is easy to hear at first, because her voice is louder than the others. Repeat each sentence the woman says. The background talkers will gradually become louder, making it difficult to understand the woman's voice, but please guess and repeat as much of each sentence as possible. Do you have any questions?"

17. Indicate if testing was performed (must be performed at visits 4 and 6). Also performed at 12, 18, 24, 30, and 36 month visits.

If testing was not performed, END FORM. If testing was performed, continue to 17b and 17b.

17a1-17a6. Record the number of words repeated correctly (out of 5) for each sentence for the first List
17b1-17b6. Record the number of words repeated correctly (out of 5) for each sentence for the second List

QuickSIN Table - Please note the worksheet used at each visit and condition varies.

Visit	Condition	Worksheet	Lists
Baseline/36mo ACHIEVE	Unaided	C	8,10
	Aided	D	11,12
Yr 1 FU	Unaided	A	1, 2
	Aided	B	3, 6
Yr 2 FU	Unaided	D	11, 12
	Aided	C	8, 10
Yr 3 FU	Unaided	B	3, 6
	Aided	A	1, 2
Yr 4 FU	Unaided	C	8,10
	Aided	D	11,12