

5. What action was taken to resolve the issue?.....

- Hearing aid sent to manufacturer, replacement device provided A → **GO TO ITEM 6**
- HAT replacement device provided B → **GO TO ITEM 6**
- Counseling C → **GO TO ITEM 6**
- In-office repairs D → **GO TO ITEM 6**
- Other..... E

5a. Specify other:

6. Was the Intervention Check-up Form (ICF or SICF) completed for this visit?.....

- Yes.....Y
- No.....N