



INTERVENTION CHECK-UP FORM (ICF)

I. General Instructions

The Intervention Check-Up Form (ICF) collects technical information about the participant's hearing aid intervention. This includes basic information about the hearing aid type and specifications, information about the functionality of the hearing aids, information about hearing assistive technologies and aided QuickSIN results

This form is to be completed during the Intervention Check-Up visits (visit 2-6) and all semi- and annual visits.

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. If data collection is conducted using a video call add this in a notelog.

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

Hearing Devices

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, participant states they are no longer wearing them) the "No hearing aid" options should be selected. It is important to note that this question is used to determine "drop out" of the intervention. The "Other" options can be used 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/type for right hearing aid

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

Hearing Device Domes

3a. Record the dome size/type for right hearing aid

3b. Record the dome size/type for left hearing aid

EAA

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

4a. Yes or No if EAA results were consistent with operational right hearing aid

When completing the ICF over the telephone if the participant's right hearing aids is not operational reschedule the visit for up to 3 weeks out, allowing time to repair the hearing aid. If the hearing aid was not repaired within the 3 weeks, the visit proceeds as planned despite the non-operational HA, and 4a is recorded as "No".

4b. Yes or No if EAA results were consistent with operational left hearing aid

When completing the ICF over the telephone if the participant's left hearing aids is not operational reschedule the visit for up to 3 weeks out, allowing time to repair the hearing aid. If the hearing aid was not repaired within the 3 weeks, the visit proceeds as planned despite the non-operational HA, and 4b is recorded as "No".

4a1. and 4b1. Record corrections made if EAA results were inconsistent with operational aids

When completing the ICF over the telephone and either the right or left hearing is not operational then provide details of what actions were taken to repair the hearing aid(s).

Real Ear Testing (5-7)

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.

5. Record if real-ear data was assessed (must be assessed for both at time of fitting)

6a. Record the SII value from real-ear data assessment in right ear

6b. Record the SII value from real-ear data assessment in left ear

7a. Record the targets and actual responses (REAR) for 500-4000 Hz for right ear

7b. Record the targets and actual responses (REAR) for 500-4000 Hz for left ear

Data logging

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

8a. Record the number of hours the device was worn per software reading for the right ear

8b. 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, the clinician will start the following dialogue using the script below:

"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?"

* Chances are the person is not wearing the hearing aids because they are physically uncomfortable or are having issues with sound quality/loudness. Address these issues and then follow up after they've been addressed by saying:

“But what would be great is if you wore your hearing aids ALL waking hours of the day. This will allow 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.

9a-h. Indicate if the device was provided (Y/N) and is the participant is using it (Y/N)

If a participant is using a hearing assistive device that is not included in 9a – 9h, such as a DECT, then record this information in a notelog under item 9a1. Include in the notelog name of the device, if the device was provided by the audiologist (yes or no) and if the device is being used by the participant (yes or no)

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?”

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

10a1-10a6. Record the number of words repeated correctly (out of 5) for each sentence for the first List
10b1-10b6. 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	Visit #	Condition	Worksheet	Lists
Screening	1	Unaided	A	1,2
Sess C	5	Aided	B	3,6
12 mo	7	Unaided	D	11, 12
		Aided	C	8, 10
24 mo	9	Unaided	B	3,6
		Aided	A	1, 2
36 mo	11	Unaided	C	8, 10
		Aided	D	11, 12