

Submitted Electronically

November 26, 2018

Marlene H. Dortch
Secretary, Office of the Secretary
Federal Communications Commission
445 12th Street, SW, Room TW-A325
Washington, DC 20054

Re: Notice of Ex-Parte – CG Docket No. 03-123 and CG Docket No. 13-24

Dear Ms. Dortch:

On November 14, 2018, Patrick Kochanowski and Alissa Parady representing the International Hearing Society (IHS) met jointly with Karen Peltz Strauss, Deputy Bureau Chief, Consumer and Governmental Affairs Bureau (CGB); Eliot Greenwald, Deputy Chief, Disability Rights Office (DRO); Michael Scott, DRO; Bob Aldrich, CGB; and Andy Multz, Office of the Managing Director, to discuss the Internet Protocol Captioned Telephone Services (IP CTS) proposals in CG Docket No. 03-123 and CG Docket No. 13-24 and to discuss IHS' comments on the same submitted on September 17, 2018.¹ Materials provided during the meeting have been attached for your reference.

IHS reviewed the role of hearing aid specialists in the delivery of hearing healthcare services, including evaluating persons with hearing loss to determine candidacy for assistive devices, including captioned telephones, and the comprehensive hearing evaluation protocol used to make such determinations. IHS discussed the role of captioned telephones in hearing aid dispensing practices, as well as new hearing aid technologies that assist with telephone use. Using sample patient assessment forms and audiograms, IHS reviewed indicators in the findings that would identify whether a patient is or is not a candidate for a captioned telephone. IHS reinforced its written comments that stated that the preferred method for determining eligibility for a captioned telephone should be based on the licensed hearing care professional's clinical judgment following a comprehensive hearing evaluation. IHS also discussed the role of professional ethics, state licensing agencies, and state laws and rules governing marketing, and invited the FCC to share with IHS information it would like licensing boards to be aware of as it relates to IP CTS for dissemination.

The Federal Communications Commission (FCC) staff shared with IHS representatives their concerns of overutilization of IP CTS services, marketing, and a lack of understanding among the IP CTS user population about how the service works. They highlighted alternate methods for achieving effective telephone communication, and inquired about patient satisfaction with the phones, and provider determinations about which captioned telephones they chose to offer to patients. FCC and IHS agreed to work together to provide education to hearing aid dispensing professionals about IP CTS services, which

¹ <https://ecfsapi.fcc.gov/file/109173028909858/IHS%20to%20FCC%20re%20CG%20Docket%20Nos%2003-123%20and%2013-24.pdf>.

can both help them be better informed, and help professionals deliver necessary information to patients. This information shall include notice that there is a cost per minute (and a person performing real-time captioning), that the captioning services provided through the phone should only be used by the person for whom eligibility has been approved, and that exclusive arrangements with captioned telephone companies are not permitted.

IHS thanks FCC staff for its time to discuss this issue, and looks forward to working with the FCC to bring this necessary education to its members and other hearing healthcare professionals regarding the appropriate use of IP CTS, and new policy regarding IP CTS as a result of this or future rulemaking. We appreciate the important work FCC performs in order to assist hard of hearing and deaf people communicate effectively. With questions, you may contact me at advocacy@ihsinfo.org or 734-522-7200.

Sincerely,

A handwritten signature in black ink that reads "Alissa Parady". The signature is fluid and cursive, with the first name "Alissa" and last name "Parady" clearly distinguishable.

Alissa Parady
IHS Government and Chapter Affairs Director

Attachments

Hearing Aid Specialist FAQs

What is a Hearing Aid Specialist?

- Hearing aid specialists are one of three licensed professionals on the hearing healthcare team, which includes otolaryngologists (12,000 in the U.S.), audiologists (11,200 practicing FTE), and hearing aid specialists (10,000). These professions work cooperatively in private practice settings throughout the U.S. using a team-based approach to deliver high-quality, efficient care.
- They are recognized as a provider of hearing aid and related services by the: U.S. Department of Labor, including as a unique healthcare profession in the Standard Occupational Classification (29-2092.00); U.S. Food and Drug Administration; U.S. Office of Policy and Management; U.S. Department of Veterans Affairs, U.S. Federal Trade Commission, National Institutes of Health, state and regional insurance plans, and state Medicaid and vocational rehabilitation programs.
- They are an entry point for consumers into the hearing healthcare system, trained to make referrals to physicians and other health professionals as needed. They also operate in both rural and suburban areas, operate satellite offices, and perform home visits and nursing home visits – bringing care closer to those who need it.

Hearing Aid Specialist Training and Certification

- The International Hearing Society (IHS) supports two comparable and valid paths for entry into the hearing aid dispensing profession leading to eligibility for hearing aid specialist licensure or registration: the Academic Training Model and the Practice-based Training Model.¹
- To apply to train to be a hearing aid specialist, states generally require (at minimum) a degree ranging from a high school diploma/GED to an associate's degree. While minimum qualifications such as education and related coursework establish a floor, in fact the vast majority of candidates are entering the field at a higher level. For example, even though 35 states either require a high school diploma or GED, or do not specify an educational requirement, approximately 88% of licensed hearing aid specialists have obtained some college coursework, a college degree, or higher, according to a survey conducted by IHS in 2015.
- Hearing aid specialists are licensed/registered in all 50 states. To be licensed, they typically must:
 - Complete a supervised apprenticeship period, oftentimes completed in conjunction with a home-study module, such as the IHS course, Distance Learning for Professionals in Hearing Health Sciences;
 - Pass written, practical, and jurisprudence examinations;
 - On average, obtain at least 10 hours of continuing education annually;
 - Comply with ethical standards, equipment/safety standards, paperwork and other requirements; and²
 - Maintain professional/business liability insurance.
- In April 2018, the U.S. Department of Labor adopted national guidelines for the Hearing Aid Specialist apprenticeship program, further recognizing the validity of apprenticeship training and hearing aid specialists' role as a qualified provider of hearing aid and related services.

- Hearing aid specialists may pursue advanced certification through the National Board for Certification in Hearing Instrument Sciences (accredited by Institute of Credentialing Excellence), and advanced training through the American Conference of Audioprosthology program (accredited by American Council on Education).
- The 2015 industry “White Paper Addressing Societal Costs of Hearing Loss and Third-Party Reimbursement Issues” stated in part, “The ingredients of successful adaptation to hearing aids are not only appropriate technology, but also provider service. In the case of hearing aids, evaluation, recommendation and selection by a licensed provider, quality of care and follow-up treatment plays a critical role in outcome. Patients should be allowed to select their hearing healthcare providers and those providers should be qualified through state licensure.”ⁱⁱⁱ

What Services Do Hearing Aid Specialists Provide?

- Hearing aid specialists are licensed to: perform comprehensive hearing evaluations, which includes a review of the patient/client medical history, otoscopic examination, air and bone conduction testing, speech reception thresholds, speech recognition scores, most comfortable listening level, most uncomfortable listening level; screen for the Food and Drug Administration (FDA) “Red Flags” indicating a possible medical condition requiring physician intervention; determine candidacy for hearing aids; provide hearing aid recommendation and selection; perform hearing aid fittings and adjustments; perform verification and validation testing; clean and repair hearing aids; take ear impressions for ear molds; and provide aural rehabilitation/counseling, including evaluation for, recommendation of, and training on the use of other assistive technology.
- Researchers and teachers in the field agree that successful patient outcomes are not predicted by provider type, but rather whether best practices are used.^{iv}
- Hearing aid specialists work with and refer to a variety of healthcare professionals, including otolaryngologists, primary care physicians, geriatricians, audiologists, regional healthcare workers.

About International Hearing Society:

- Established in 1951
- Professional membership association representing hearing aid dispensing professionals, including hearing aid specialists, dispensing audiologists, and dispensing physicians worldwide
- Conducts programs in competency accreditation, education and training, and develops and maintains standards for hearing aid dispensing professionals

ⁱ International Hearing Society Position Statement on Entry Paths into the Hearing Aid Dispensing Profession, Adopted April 2012. <http://bit.ly/IHSEntryPaths>

ⁱⁱ International Hearing Society Code of Ethics, which relates to for the maintenance of high standards in patient service, truthful advertising, and prohibits unethical conduct. <http://bit.ly/IHSCofofEthics>

ⁱⁱⁱ Co-signers include but are not limited to Academy of Doctors of Audiology, American Academy of Audiology, American Speech-Language-Hearing Association, Hearing Loss Association of America, and International Hearing Society

^{iv} MarkeTrak VIII: The Impact of the Hearing Healthcare Professional on Hearing Aid User Success, 2009, <http://bit.ly/MarketrakHHPImpact>

Code of Ethics of the International Hearing Society

FORWARD

Members of the International Hearing Society (IHS) are to abide by the Code of Ethics as stated herein. These principles of professional conduct are intended to provide the best service for the hearing impaired and to guide hearing health professionals in their relations with each other and the public in general.

PREAMBLE

This is a Code of Ethics for those engaged in the testing of human hearing and in the selection, counseling, fitting, dispensing, and servicing of hearing instruments. This Code sets standards of professional integrity and practice including relationships with patients, colleagues, and the general public.

Ethical principles are standards by which the profession and the individual IHS Member determine the propriety of their conduct. Adherence to these standards is required for membership in IHS, and further serves to assure public confidence in the integrity of the services of IHS Members in this profession. IHS verifies the competence of its members through a qualification program and mandatory continuing education. It is incumbent on all hearing health professionals to abide by all laws, or rules and regulations applicable to the dispensing of hearing instruments.

The basic principle is an accepted Code of Ethical Conduct for IHS Members.

In order that we can best serve hearing impaired persons and contribute toward their participation in the world of sound and speech, we, the members of IHS, pledge ourselves to abide by this Code of Ethics:

- a. We shall state only the true facts in our public announcements and advertising of hearing instruments and related products and we shall not, in any way, mislead or misrepresent in regard to their performance, appearance, benefits elements, and use.
- b. We shall provide thorough and ethical consulting services when we dispense instruments, including the appropriate testing and fitting suitable for the patient's particular type of hearing loss.
- c. We shall, at all times, provide the best possible service to the hearing impaired, offering counsel, understanding, and technical assistance contributing toward their deriving the maximum benefit from their hearing instruments.
- d. We shall constantly encourage and support research, cooperating with medical and other hearing health professionals and societies to employ the maximum accumulation of scientific knowledge and technical skills in the testing of human hearing for the selection, fitting, and maintenance of hearing instruments.

SECTION I: CONDUCT AND RELATIONSHIP WITH PATIENT

The IHS Member engaged in the practice of testing human hearing and in the selection, counseling, fitting, dispensing, and servicing of hearing instruments, shall hold paramount the welfare of the patient.

- A. Continuing Education: It is in the best interest of the patient that the IHS Member engage and participate in continuing education during each year of active practice.

- B. Referral: The IHS Member shall utilize all resources available, including referral to other specialists as needed.
- C. Services Rendered: The IHS Member shall accept and seek full responsibility for the exercise of judgement within, but not limited to, the areas of his/her expertise. These services include the testing of human hearing, and the selection, counseling, fitting, dispensing, and servicing of hearing instruments. The IHS Member shall not guarantee outstanding results from the use of hearing instruments, products, services, or counseling when such is not the case. He/she shall exercise caution not to mislead persons to expect results that cannot be predicted.
- D. Confidential Aspects of Patient Relations: The IHS Member shall hold in professional confidence all information and professional records concerning a patient and use such data only for the benefit of the patient or as the law demands.
- E. Conduct in Regard to Colleagues and Hearing Healthcare Professions: The IHS Member must keep the welfare of the patient uppermost at all times. He/she shall avoid disparaging, pejorative, and/or inaccurate remarks or comments about professional colleagues or members of the hearing healthcare professions. He/she shall conduct himself/herself at all times in a manner which will enhance the status of the profession. He/she shall be supportive to individuals and organizations with whom he/she is associated to their mutual benefit. He/she shall not agree to practice under terms or conditions which tend to interfere with or impair the proper exercise of his/her professional judgement and skill, which tend to cause a deterioration of the quality of his/her service, or which require him/her to consent to unethical conduct.
- F. Maintenance of Records: The IHS Member shall initiate and maintain records of services provided to patients. All laws or rules and regulations pertaining to keeping of records must be carefully observed.
- G. Fees and Compensation: The IHS Member shall not participate with other health professionals or any other person in agreements to divide fees or to cause financial or other exploitation when rendering his/her professional services.
- H. Delay in Providing Services: The IHS Member shall not delay furnishing care to patients served professionally, without just cause.
- I. Discontinuance of Services: The IHS Member shall not discontinue services to patients without providing reasonable notice of withdrawal, providing all contractual agreements have been satisfied.
- J. Safety and Sanitation: The IHS Member shall at all times practice accepted standards of infection control and shall exercise reasonable precaution to maximize patient safety.
- K. Mail Order/Internet Sales: The IHS Member shall not sell hearing aids to a patient via mail order or internet without establishing direct, face-to-face contact.

SECTION II: RESPONSIBILITY TO THE PROFESSION AND COLLEAGUES

The IHS Member has the duty to observe all laws, rules, and regulations applicable to the dispensing of hearing instruments; to uphold the dignity and honor of the profession, and to accept its ethical principles. He/she shall not engage in any activity that will bring discredit to the profession and shall

expose, without fear or favor, illegal or unethical conduct in the profession.

- a. In the event it appears that an IHS Member is in violation of this Code, fellow IHS Members are encouraged to report circumstances to IHS.
- b. The IHS Member shall not pursue any course of action that may be harmful or detrimental to the Society, its members, or the public we serve.
- c. The IHS Member holding an official or elective position in IHS or an affiliate chapter shall not use such a position for self-aggrandizement.
- d. The IHS Member who has served on an exam writing committee or who has knowledge of the contents of the exam shall not be involved with or hold a pre-test class or review course to prepare exam candidates(s) for the exam for a period of not less than five years following their involvement with the exam committee.

SECTION III: ADVERTISING

The IHS Member who chooses to advertise his/her services shall use only material considered ethical and complying with laws, rules, and regulations governing advertising. The IHS Member shall endorse the following statements of principle that assure protection of the hearing impaired and the public in general.

TRUTH

Advertising shall tell the truth and shall reveal significant facts, the concealment of which would mislead the public, and shall not dispense any product, or part hereof, representing that it is new, unused, or rebuilt, when such is not the fact.

RESPONSIBILITY

Advertisers shall be willing and able to provide substantiation of claims made.

TASTE AND DECENCY

Advertising shall be free of statements, illustrations, or implications which are offensive to good taste or public decency.

DISPARAGEMENT

Advertising shall offer merchandise or service on its merits, and shall refrain from attacking competitors or disparaging their products, services, or methods of doing business.

BAIT ADVERTISEMENT

Advertising shall offer only merchandise or services that are readily available for purchase during the advertised period at the advertised price; e.g., it is unethical for any IHS Member to advertise a particular model or kind of instrument to obtain prospects for the sale of a different model or kind of instrument than that advertised, or to imply a relationship with a manufacturer and trade names that does not exist.

GUARANTEES AND WARRANTIES

Advertising of guarantees and warranties shall be explicit. Advertising of any guarantee or warranty shall clearly and conspicuously disclose its nature and extent, the manner in which the guarantor or warrantor will perform and the identity of the guarantor or warrantor. It is unethical to use or cause to be used any guarantee or warranty which is false, misleading, deceptive, or unfair, whether in respect to the quality, construction serviceability, performance,

or method of manufacture of any industry product, or in respect to the terms and conditions of refund of purchase price thereof, or in any other respect.

SECTION IV: STANDARDS

Maintenance of high standards by all IHS Members is in the best interest of persons served professionally, the IHS Member, and the profession.

- a. It shall be unethical for the IHS Member to willfully and knowingly violate any law, rule, or regulation applicable to the dispensing of hearing instruments.
- b. It shall be unethical to use such terms or any abbreviation of such terms as doctor, physician, otologist, board certified in hearing instrument sciences, Audioprosthologist, clinical audiologist, medical audiologist, research audiologist, industrial audiologist, or any other title/abbreviation when such is not the fact. When holding a doctorate or other degree from a profession other than hearing sciences, delineation of such credential shall be required. (Special Note: The title Hearing Instrument Specialist is trademarked to the International Hearing Society and authorization for its use outside the membership must come from the IHS Executive Director.)
- c. It shall be unethical to use any symbol or depiction which connotes the medical profession.
- d. It shall be unethical to use any terms that may reasonably be said to confuse the public that a private business practice has some relationship to a governmental or non-profit medical, educational, or research institution.

SECTION V: DISCRIMINATION

The IHS Member shall not discriminate in the delivery of professional service on the basis of race, national origin, religion, sex, age, or marital status.

SECTION VI: ASSOCIATION

The IHS Member is encouraged to associate with groups and organizations having as their objectives the betterment of the profession.

CONCLUSION

All members of IHS pledge themselves to observe and support this Code of Ethics. By violating any part, a member of IHS is subject to removal from membership in IHS. This Code is interpreted by the Ethics Committee and enforced by the Grievance Committee of IHS. Upon violation of this Code, the Grievance Committee may discipline members after investigation and hearing.

Adopted 10/83 - Revised 10/96, 10/98, 05/03, 04/07, 03/09

Patient 1 No Ref

ASSESSMENT OF COMMUNICATION PROBLEMS

Hearing History

- 73 y.o.
9-10-45 Female
- 2 + years
1. Tell me about your hearing. _____
 2. Do you sometimes hear people speaking but have difficulty understanding the words? YES
 3. Do you have any ringing or buzzing in your ears? YES 1.5th Hearing 30+ years
 4. What kind of work do you do? Grav. sh
 5. Have you ever worked in a noisy environment (occupation, military, hunting, etc.)? NO
 6. If so, do you/did you wear ear protection? _____
 7. Is your hearing loss causing you any problems in your occupation? Describe - N/A -
 8. Are there any other members of your family or friends who have a hearing problem? = NO
 9. Do they wear hearing instruments? YES N/A
 10. What has been their experience with hearing aids? ? how

Amplification History

- EXACT - Dr Callahan -
11. Have you ever worn or had any experience with hearing aids? EXACT - Dr Callahan -
 12. When and where did you get them? - 6 months
 13. How many hours a day do you wear them? 3-4 months
 14. How often do you have them professionally cleaned and adjusted? =
 15. What do you/don't you like about the hearing aids? -
 16. How do you hear in noise with them in? -
 17. How do you hear on the phone with them in? -

Telephone History

- = = NO
18. Do you always hear the phone ring? = = NO
 19. Do you understand some people better than others on the phone? - NO
 20. Which ear do you listen with on the phone? Left

Communication Difficulties

- YES
21. Have family members or friends noticed that you like the television turned up too loud? - YES
 22. Do you understand the television better when the volume is louder? YES
 23. Tell me about how you hear and understand in a crowd/background noise. - NO
 24. How about in a small group - like with a few people sitting around a dinner table? - NO
 25. Do you sometimes pretend like you're hearing when you don't and just go along with the conversation? = NO
 26. If so, how does that make you feel? _____
 27. If someone speaks to you from another room, do you understand what is being said? = Sometimes
 28. Have you ever noticed that people raise their voices and repeat things or come closer for you to hear? =
 29. Tell me about how you hear from a distance like at church or meetings. = NO
 30. Have you ever avoided a situation you enjoy because of difficulty hearing? = NO
 31. Do you have any difficulty understanding children or grandchildren? YES
 32. How do you hear in the car with someone speaking from the backseat or next to you? = NO
 33. Do you hear the turn signal - or do you see it? =
 34. What comments have others made about your hearing? = NO
 35. In what situation would you most like to hear/understand better? = NO
 36. Out of all the things we've talked about, what concerns you the most about your hearing? _____

AUDIOGRAM

FREQUENCY, HZ (CPS)

Pat. # 1

Critical Area
= of Speech
Understanding

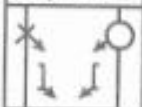
SPEECH			
or Sided	Left	Right	Binaural
RT	30	40	
ICL	60	70	8/16
ICL	91	105	
Int. % Recognition	92	84	88
CLICKS			

Calibration

- ☐ SPL
☒ HTL
☒ CD

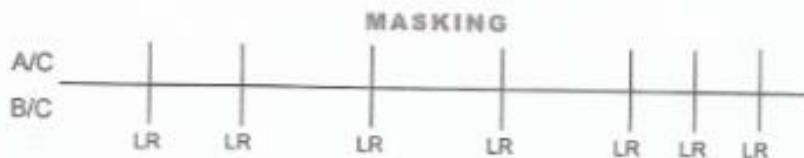
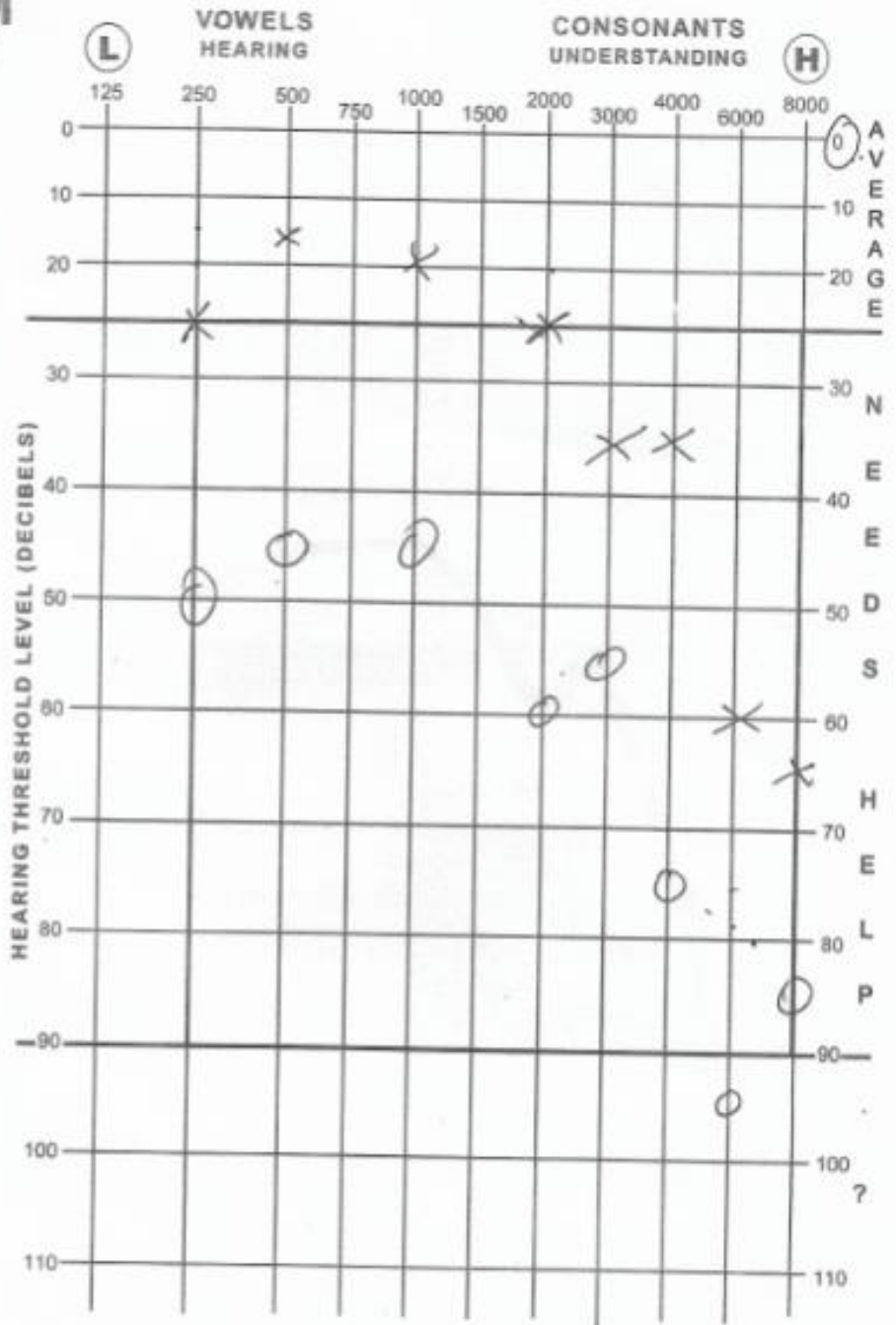
AUDIOGRAM KEY	
LEFT	RIGHT
IC Unmasked	IC Unmasked
IC Masked	IC Masked
IC Masked Inmasked	IC Masked Inmasked
IC Masked Masked	IC Masked Masked
IC Forehead Inmasked	IC Forehead Inmasked
ICL	ICL
ICL	ICL

Examples of
No Response
Symbols



AVERAGE	Left	Right
Air Conduction		
Bone Conduction		

Room ambient noise level: 55 dBA
Date and Model of Audiometer: 1/2/73



Patient 2 No Ref

ASSESSMENT OF COMMUNICATION PROBLEMS

Hearing History

- 76 y.o.
7-14-92
Female
1. Tell me about your hearing. Back Ground 24 years
2. Do you sometimes hear people speaking but have difficulty understanding the words? yes
3. Do you have any ringing or buzzing in your ears? Sometimes
4. What kind of work do you do? Retired
5. Have you ever worked in a noisy environment (occupation, military, hunting, etc.)? NO
6. If so, do you/did you wear ear protection? -
7. Is your hearing loss causing you any problems in your occupation? Describe. -
8. Are there any other members of your family or friends who have a hearing problem? NO
9. Do they wear hearing instruments? NO
10. What has been their experience with hearing aids? -

Amplification History

11. Have you ever worn or had any experience with hearing aids? NO
12. When and where did you get them? -
13. How many hours a day do you wear them? -
14. How often do you have them professionally cleaned and adjusted? -
15. What do you/don't you like about the hearing aids? -
16. How do you hear in noise with them in? -
17. How do you hear on the phone with them in? -

Telephone History

18. Do you always hear the phone ring? Yes
19. Do you understand some people better than others on the phone? Yes
20. Which ear do you listen with on the phone? Left

Communication Difficulties

21. Have family members or friends noticed that you like the television turned up too loud? Yes
22. Do you understand the television better when the volume is louder? Yes
23. Tell me about how you hear and understand in a crowd/background noise. Not well
24. How about in a small group - like with a few people sitting around a dinner table? "
25. Do you sometimes pretend like you're hearing when you don't and just go along with the conversation? Yes
26. If so, how does that make you feel? -
27. If someone speaks to you from another room, do you understand what is being said? Not usually
28. Have you ever noticed that people raise their voices and repeat things or come closer for you to hear? Yes
29. Tell me about how you hear from a distance like at church or meetings. Not well
30. Have you ever avoided a situation you enjoy because of difficulty hearing? NO
31. Do you have any difficulty understanding children or grandchildren? Yes
32. How do you hear in the car with someone speaking from the backseat or next to you? Yes
33. Do you hear the turn signal - or do you see it? I hear it
34. What comments have others made about your hearing? They tell me I need Aids!
35. In what situation would you most like to hear/understand better? Church
36. Out of all the things we've talked about, what concerns you the most about your hearing?
Not Being Able to hear in meetings

AUDIOGRAM

FREQUENCY, HZ (CPS)

☐ Critical Area
= of Speech
Understanding

SPEECH			
Ear Tested	Left	Right	Binaural
SRT	30 dB	30 dB	dB
MCL	60 dB	60 dB	81/82
UCL	91 dB	91 dB	dB
Word % Recognition	84 %	80 %	88 %
QuickSine	dB	dB	dB

Calibration

- ☒ SPL
☒ HTL
☒ CD

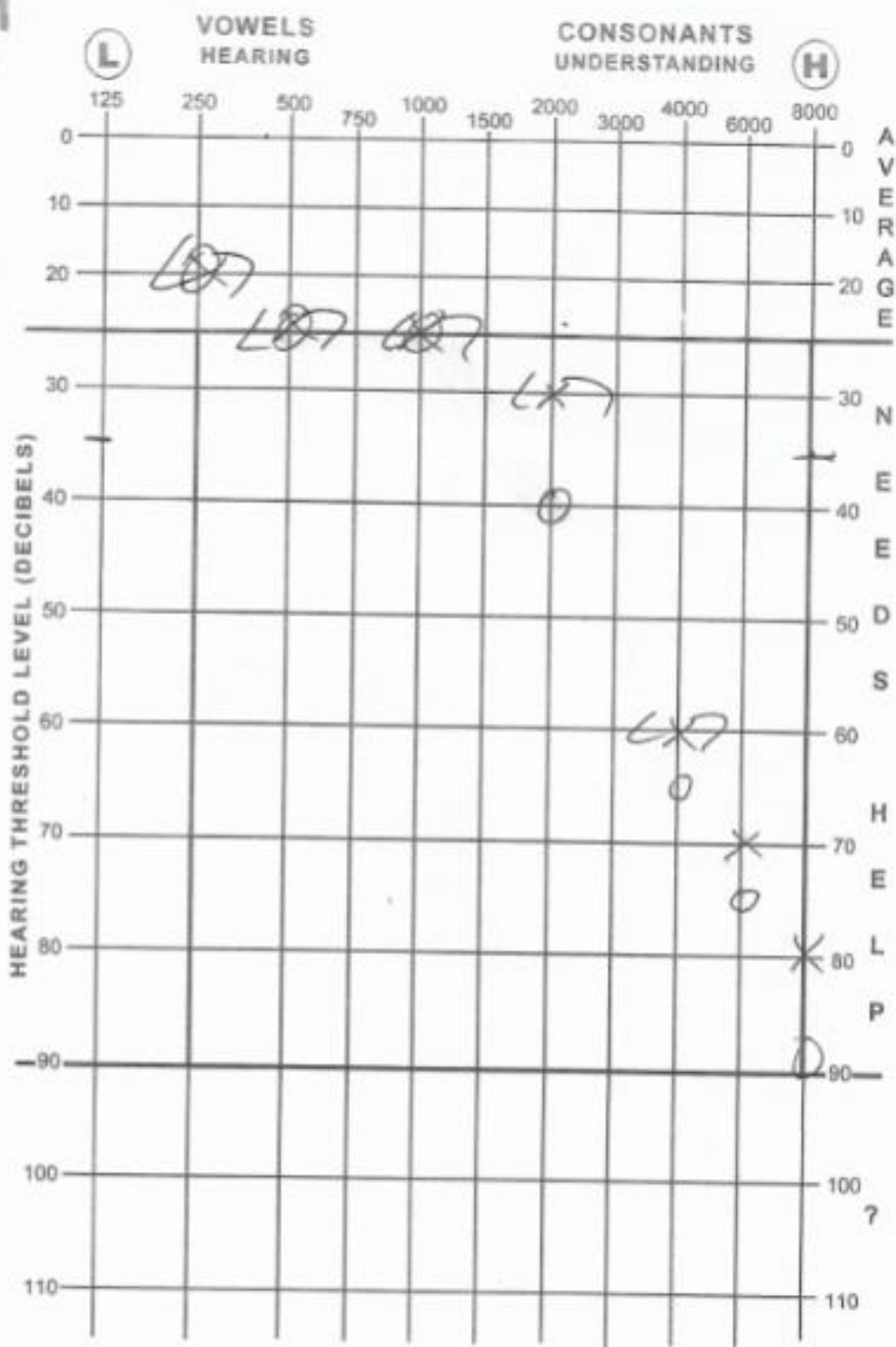
AUDIOGRAM KEY	
LEFT	RIGHT
AC Unmasked	✕ ○
AC Masked	□ △
BC Mastoid Unmasked	▽ ▲
BC Mastoid Masked	┘ ┐
BC Forehead Unmasked	┘ ┐
MCL	M M
UCL	U U

Examples of No Response Symbols	
✕	○
↓	↓

PURE TONE AVERAGE	Left	Right
Air Conduction		
Bone Conduction		

Room ambient noise level 28 dBA
Make and Model of Audiometer ML-3

Patient 2



MASKING



ASSESSMENT OF COMMUNICATION PROBLEMS

Hearing History

1. Tell me about your hearing. Ringin trouble w/ background noise
2. Do you sometimes hear people speaking but have difficulty understanding the words? yes
3. Do you have any ringing or buzzing in your ears? yes
4. What kind of work do you do? Retired / still mil / 10/15 / electrician / 5.6 years
5. Have you ever worked in a noisy environment (occupation, military, hunting, etc.)? yes - low noise
6. If so, do you/did you wear ear protection? not at first now
7. Is your hearing loss causing you any problems in your occupation? Describe. no
8. Are there any other members of your family or friends who have a hearing problem? yes
9. Do they wear hearing instruments? yes
10. What has been their experience with hearing aids? poor

Amplification History

11. Have you ever worn or had any experience with hearing aids? no
12. When and where did you get them? _____
13. How many hours a day do you wear them? _____
14. How often do you have them professionally cleaned and adjusted? _____
15. What do you/don't you like about the hearing aids? _____
16. How do you hear in noise with them in? _____
17. How do you hear on the phone with them in? _____

Telephone History


18. Do you always hear the phone ring? no
19. Do you understand some people better than others on the phone? no
20. Which ear do you listen with on the phone? right

Communication Difficulties

21. Have family members or friends noticed that you like the television turned up too loud? yes
22. Do you understand the television better when the volume is louder? no
23. Tell me about how you hear and understand in a crowd/background noise. poor
24. How about in a small group - like with a few people sitting around a dinner table? fair
25. Do you sometimes pretend like you're hearing when you don't and just go along with the conversation? yes
26. If so, how does that make you feel? stupid
27. If someone speaks to you from another room, do you understand what is being said? no
28. Have you ever noticed that people raise their voices and repeat things or come closer for you to hear? no
29. Tell me about how you hear from a distance like at church or meetings. poor
30. Have you ever avoided a situation you enjoy because of difficulty hearing? no
31. Do you have any difficulty understanding children or grandchildren? no
32. How do you hear in the car with someone speaking from the backseat or next to you? poor
33. Do you hear the turn signal - or do you see it? see it
34. What comments have others made about your hearing? can't you hear?
35. In what situation would you most like to hear/understand better? all situations
36. Out of all the things we've talked about, what concerns you the most about your hearing? frustrating

AUDIOGRAM

FREQUENCY, HZ (CPS)

 Critical Area
= of Speech
Understanding

SPEECH			
Ear Tested	Left	Right	Binaural
SRT	40 dB	45 dB	40 dB
MCL	70 dB	80 dB	70/75 dB
UCL	110 dB	110 dB	110 dB
Word Recognition	64%	60%	60%
QUOTIENT			

Calibration

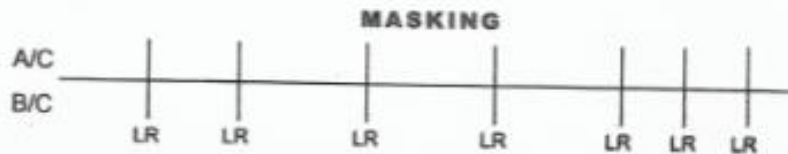
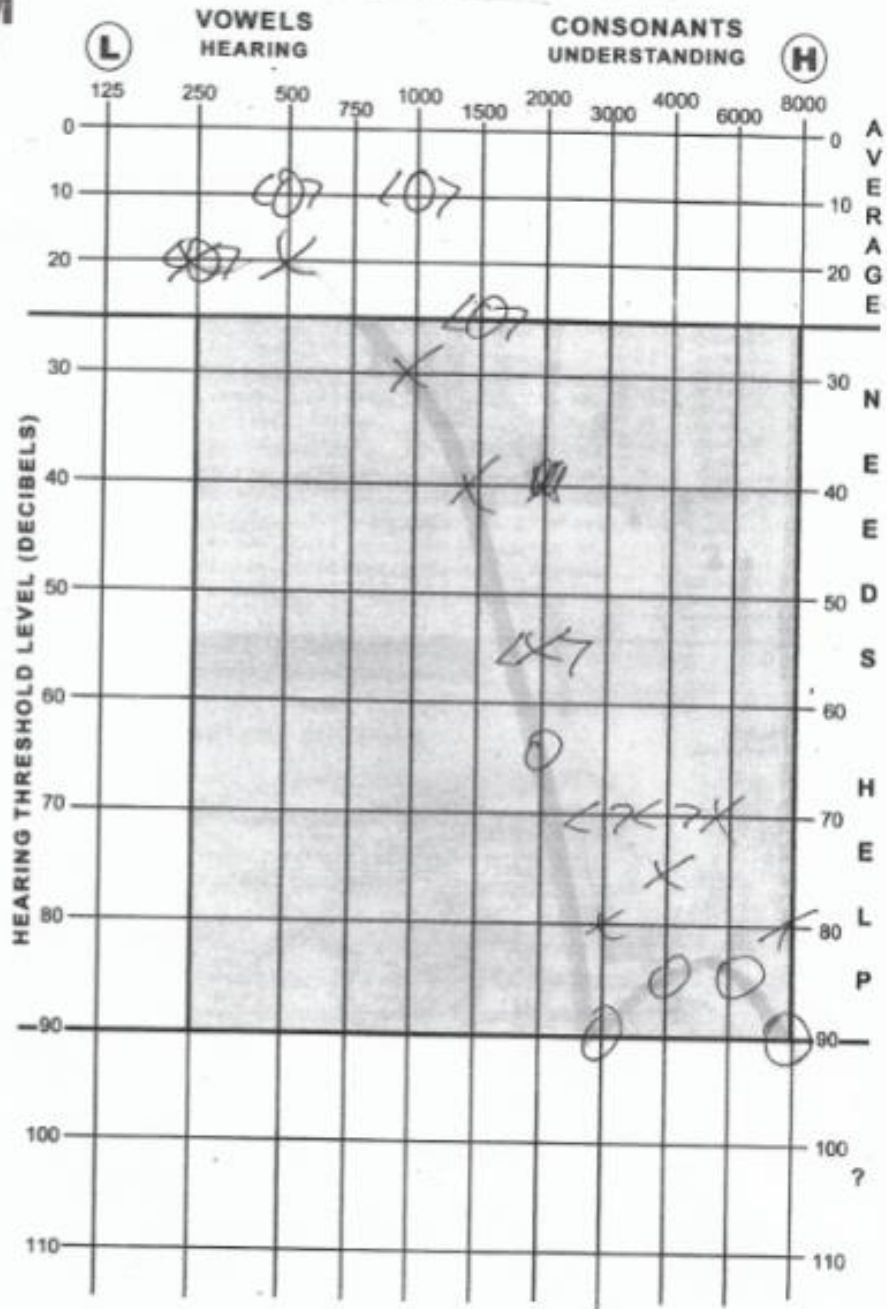
- ☒ SPL
☒ HTL
☒ CD

AUDIOGRAM KEY		
	LEFT	RIGHT
AC Unmasked		
AC Masked		
BC Mastoid Unmasked		
BC Mastoid Masked		
BC Forehead Unmasked		
MCL		
UCL		

Examples of No Response Symbols	

PURE TONE AVERAGE	Left	Right
	Air Conduction	Bone Conduction

Room ambient noise level 57 dBA
Make and Model of Audiometer A-75



Patent 4 Personal notes

ASSESSMENT OF COMMUNICATION PROBLEMS

Hearing History

male
61 y.o.

1. Tell me about your hearing. _____
2. Do you sometimes hear people speaking but have difficulty understanding the words? Yes
3. Do you have any ringing or buzzing in your ears? NO
4. What kind of work do you do? Maintenance
5. Have you ever worked in a noisy environment (occupation, military, hunting, etc.)? Yes
6. If so, do you/did you wear ear protection? NO - Sometimes
7. Is your hearing loss causing you any problems in your occupation? Describe. NO
8. Are there any other members of your family or friends who have a hearing problem? N/A
9. Do they wear hearing instruments? _____
10. What has been their experience with hearing aids? _____

Amplification History

11. Have you ever worn or had any experience with hearing aids? Yes
12. When and where did you get them? 8 yrs Ago - Can't remember - in Natick
13. How many hours a day do you wear them? Only wear to church
14. How often do you have them professionally cleaned and adjusted? Never
15. What do you/don't you like about the hearing aids? They are Fine
16. How do you hear in noise with them in? OK
17. How do you hear on the phone with them in? OK

Telephone History

18. Do you always hear the phone ring? Yes
19. Do you understand some people better than others on the phone? Yes
20. Which ear do you listen with on the phone? Right

Communication Difficulties

21. Have family members or friends noticed that you like the television turned up too loud? Yes
22. Do you understand the television better when the volume is louder? Not all the time
23. Tell me about how you hear and understand in a crowd/background noise. ??
24. How about in a small group - like with a few people sitting around a dinner table? It's better with aid
25. Do you sometimes pretend like you're hearing when you don't and just go along with the conversation? Yes
26. If so, how does that make you feel? low
27. If someone speaks to you from another room, do you understand what is being said? Depends on how far
28. Have you ever noticed that people raise their voices and repeat things or come closer for you to hear? Yes
29. Tell me about how you hear from a distance like at church or meetings. Not well
30. Have you ever avoided a situation you enjoy because of difficulty hearing? Yes
31. Do you have any difficulty understanding children or grandchildren? Yes
32. How do you hear in the car with someone speaking from the backseat or next to you? Terrible
33. Do you hear the turn signal - or do you see it? See it
34. What comments have others made about your hearing? Needs to learn sign language
35. In what situation would you most like to hear/understand better? TV
36. Out of all the things we've talked about, what concerns you the most about your hearing? Hunting without hearing stuff

AUDIOGRAM

FREQUENCY, HZ (CPS)

Critical Area of Speech Understanding

SPEECH			
Ear Tested	Left	Right	Binaural
ST	35 dB	40 dB	40 dB
MCL	65 dB	70 dB	66/68 dB
UCL	105 dB	110 dB	108 dB
Word Recognition	80 %	72 %	76 %
QUICKSIN	20	25	22

Calibration

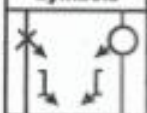
☐ SPL

☒ HTL

☐ CD

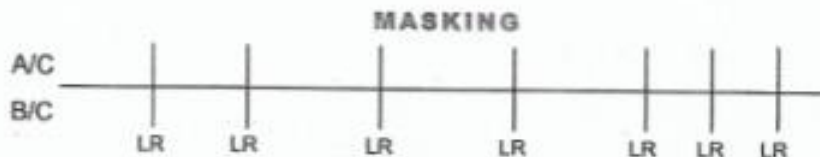
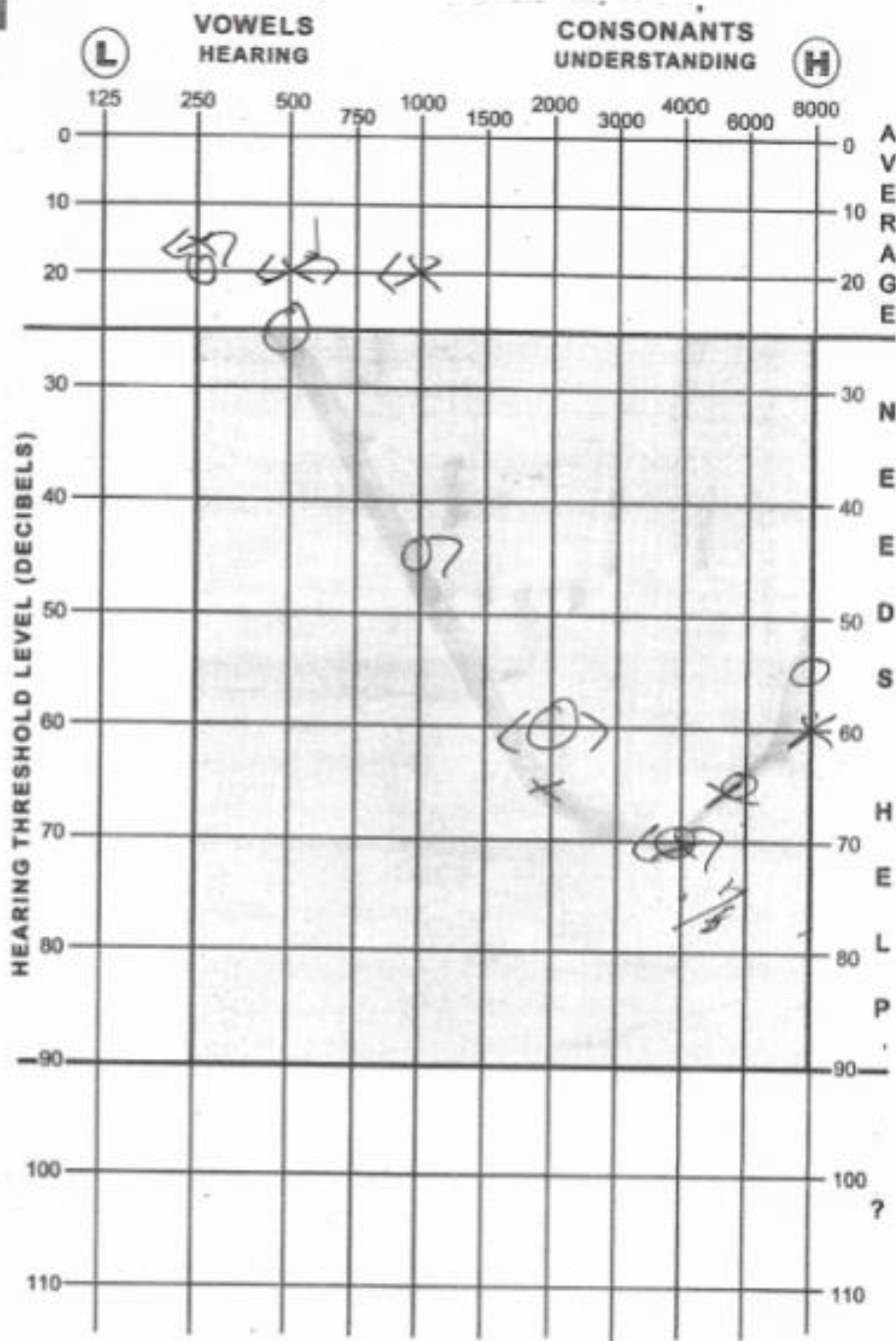
AUDIOGRAM KEY	
	LEFT RIGHT
AC Unmasked	X O
AC Masked	□ △
BC Mastoid Unmasked	> <
BC Mastoid Masked	
BC Forehead Unmasked	⌋ ⌋
MCL	M M
UCL	U U

Examples of No Response Symbols



PURE TONE AVERAGE	Left	Right
Air Conduction		
Bone Conduction		

Room ambient noise level 25 dBA
Make and Model of Audiometer 2000



**Miracle-Ear®**Patient 5 Refund/None**CONFIDENTIAL PATIENT ANALYSIS CHART**

Patient _____ What do your friends call you? _____
 Spouse _____ Patient is ☒ Male ☐ Female
 Address _____ City _____ State PA Zip 15613
 Phone (_____ Age 61 Date of Birth _____
 Family Physician DR Health Insurance UPMC
 Occupation Retired If retired, what was your occupation? Steelworker
 E-mail address _____ Social Security #: _____

HISTORY OF HEARING IMPAIRMENT AND COMMUNICATION PROBLEMS

Do you ever hear ringing or buzzing in your ears? ☐ Yes ☒ No 1 yr ago
 Have your ears been examined by a Doctor in the past 6 months? ☐ Yes ☒ No
 Is this your 1st hearing test? ☐ Yes ☒ No Have you had ear surgery? ☐ Yes ☒ No
 Do you experience any of the following?
 Deformity of your ears? ☐ Yes ☒ No
 Sudden or rapid loss of hearing in the past 90 days? ☐ Yes ☒ No
 Pain in your ears? ☐ Yes ☒ No Acute or recurring dizziness? ☐ Yes ☒ No
 Ringing in your ears? ☐ Yes ☒ No Infection in your ears? ☐ Yes ☒ No
 Drainage from your ears? ☐ Yes ☒ No Impacted wax in your ears? ☒ Yes ☐ No
 Is the hearing in both of your ears the same? ☐ Yes ☒ No
 Your right ear is better? ☒ Yes ☐ No Your left ear is better? ☐ Yes ☒ No
 When did you first notice your loss of hearing? 10 years.
 What do you think caused your loss of hearing? Loud SIGNAL'S-Sounds (work)
 How did your hearing loss develop? ☐ Suddenly ☒ Gradually
 Do you ever hear people speaking loud enough but can't understand the words? ☒ Yes ☐ No
 Do you ever ask others to repeat? ☐ Yes ☒ No
 Do you ever find it difficult to understand conversation when there is background noise? ☒ Yes ☐ No
 Do you ever find it difficult to understand when using the telephone? ☒ Yes ☐ No
 Do others ever tell you that you speak louder than normal? ☒ Yes ☐ No
 Do others ever complain that you turn the TV too loud? ☒ Yes ☐ No
 Do you ever piece together conversation not hearing all the words? ☒ Yes ☐ No
 In what situation do you have the most difficulty understanding conversation?

Have you noticed any change in your ability to remember? ☐ Yes ☒ No
 If your hearing can be improved, are you ready for help? ☒ Yes ☐ No

HISTORY OF HEARING AID USE

Do you own hearing aids? ☐ Yes ☒ No If yes, ☐ Left ear ☐ Right ear ☐ Both ears
 Describe any problem you have with your hearing aids.

Patient Signature _____

Date 9-2-19

© Roy Bain 2008

AUDIOGRAM

FREQUENCY, HZ (CPS)

Critical Area
= of Speech
Understanding

SPEECH			
Ear Tested	Left	Right	Binaural
SRT	40 dB	30 dB	dB
MCL	75 dB	65 dB	70/60 dB
UCL	110 dB	110 dB	dB
Word Recognition	80 %	80 %	84 %
QUICKSIN	dB	dB	dB

Calibration

- ☐ SPL
☒ HTL
☒ CD

AUDIOGRAM KEY		
	LEFT	RIGHT
AC Unmasked		
AC Masked		
BC Mastoid Unmasked		
BC Mastoid Masked		
BC Forehead Unmasked		
MCL		
UCL		

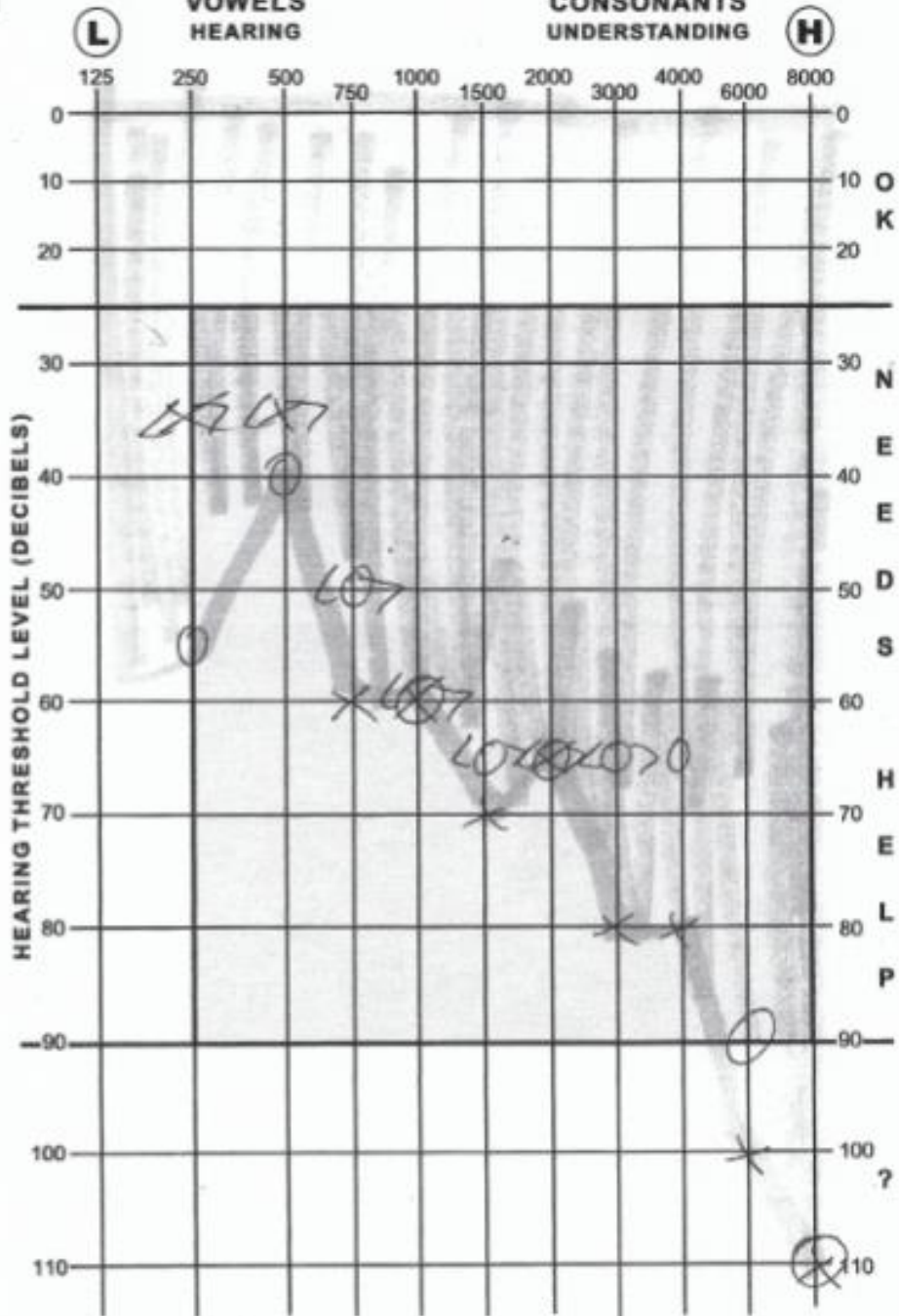
Examples of No Response Symbols	

PURE TONE AVERAGE	Left	Right
Air Conduction		
Bone Conduction		

Room ambient noise level 42 dBA

VOWELS
HEARING

CONSONANTS
UNDERSTANDING



MASKING

AC	LR	LR	LR	LR	LR	LR	LR
B/C							