

Patient ID: _____ Date: _____ Test Condition: _____

Monosyllabic Word Test Key (CNC, List 2)
MSTB CD
Track 10 (Left Channel)

*Score all words for a beginning consonant sound, a nucleus (vowel) sound and an ending consonant sound.
 (Total phoneme count per word = 3. Phonemes must be in the appropriate order.)*

Practice Items		1. DUCK				2. BOMB				3. JUNE			
Test Items	Whole Word Response (Optional)	# Correct Phonemes				Test Items	Whole Word Response (Optional)	# Correct Phonemes					
		0	1	2	3			0	1	2	3		
1. GAIN	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. SAP	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. HILL	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. MUCH	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. FERN	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. WHICH	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. BEG	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. GOAL	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. LATE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. TALK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. DIRE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. HASH	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. DODGE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. CHOICE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. LOVE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. COB	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. COAT	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. THIS	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. CHOOSE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. RAIL	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. GERM	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. WEEP	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. NURSE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. SOUL	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. JET	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. BOUGHT	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14. LEAD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. DAM	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15. RING	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. LEAK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16. ROOT	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. MET	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17. WAG	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. SOUTH	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18. NOSE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. SHIP	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19. BEAM	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. PAN	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20. PAVE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. TIRE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21. RED	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. TALL	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22. VINE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. SHOULD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23. HIDE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. FAKE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
24. CAR	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. MOON	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25. PUFF	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. SUCK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Sum of boxes checked for: 0 1 2 3

Grand Total:

1 Phoneme Correct: _____ X 1 = _____
 2 Phonemes Correct: _____ X 2 = _____
 3 Phonemes Correct: _____ X 3 = _____

Words with 3 Phonemes Correct = _____ / 50 Words Grand Total: _____ / 150 Phonemes

Patient ID: _____ Date: _____ Test Condition: _____

Monosyllabic Word Test Key (CNC, List 1)
MSTB CD
Track 09 (Left Channel)

*Score all words for a beginning consonant sound, a nucleus (vowel) sound and an ending consonant sound.
 (Total phoneme count per word = 3. Phonemes must be in the appropriate order.)*

Practice Items		1. DUCK				2. BOMB				3. JUNE			
Test Items	Whole Word Response (Optional)	# Correct Phonemes				Test Items	Whole Word Response (Optional)	# Correct Phonemes					
		0	1	2	3			0	1	2	3		
1. GOOSE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. WRECK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. NAME	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. ROUT	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. SHORE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. BOAT	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. BEAN	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. RIPE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. MERGE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. WHEEL	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. DITCH	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. DEAD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. SUN	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. SOB	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. TOUGH	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. MESS	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. SEIZE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. WISH	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. LEASE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. CHORE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. HOME	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. WOOD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. JAR	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. KING	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. PAD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. TOAD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14. FALL	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. CHECK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15. VAN	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. LOOP	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16. JUG	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. LAG	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17. YEARN	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. SALVE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18. MAKE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. DIME	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19. GALE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. HULL	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20. TOOTH	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. THIN	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21. PATCH	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. SHIRT	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22. BOIL	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. ROSE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23. HATE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. FIT	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
24. PICK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. KITE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25. KNIFE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. CAPE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Sum of boxes checked for: 0 1 2 3

Grand Total: _____

1 Phoneme Correct: _____ X 1 = _____
 2 Phonemes Correct: _____ X 2 = _____
 3 Phonemes Correct: _____ X 3 = _____

Words with 3 Phonemes Correct = _____ / 50 Words

Grand Total: _____ / 150 Phonemes

Patient ID: _____ Date: _____ Test Condition: _____

Monosyllabic Word Test Key (CNC, List 3)
MSTB CD
Track 11 (Left Channel)

Score all words for a beginning consonant sound, a nucleus (vowel) sound and an ending consonant sound.
 (Total phoneme count per word = 3. Phonemes must be in the appropriate order.)

Practice Items		1. DUCK				2. BOMB				3. JUNE			
Test Items	Whole Word Response (Optional)	# Correct Phonemes				Test Items	Whole Word Response (Optional)	# Correct Phonemes					
		0	1	2	3			0	1	2	3		
1. HEAD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. POD	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. NUMB	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. DIP	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. BAR	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. PURGE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. MORE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. NOISE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. FAITH	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. RAT	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. SOON	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. RIG	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. TOSS	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. WHAT	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. LIFE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. ROOM	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. HUT	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. DIKE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. JOKE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. WITH	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. FOUR	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. ROUGE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. VOTE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. KEG	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. KEEN	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. SHEEP	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14. YAM	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. SHINE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15. MATE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. TOLL	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16. GULL	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. DAB	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17. TONE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. SIZE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18. BUSH	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. MAN	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19. HOUSE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. LEAVE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20. LAKE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. FADE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21. WORK	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. JAIL	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22. BELL	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. SUNG	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23. PERCH	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. GAP	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
24. PIECE	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. KID	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25. WELL	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. CHIN	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Sum of boxes checked for: 0 1 2 3

Grand Total:

1 Phoneme Correct: _____ X 1 = _____
 2 Phonemes Correct: _____ X 2 = _____
 3 Phonemes Correct: _____ X 3 = _____

Words with 3 Phonemes Correct = _____ / 50 Words Grand Total: _____ / 150 Phonemes

Name _____ Processor _____ Date _____

HEARING IN NOISE TEST - CHILDREN

NOTE: Scoring is based on the number of words repeated exactly correct. Words in parentheses are to be scored as correct if either word is given in the response.

List 13

Words Correct

1. Mother read the instructions. _____/4
2. (A/The) dog (is/was) eating some meat. _____/6
3. (An/The) apple pie (is/was) good. _____/5
4. (A/The) jelly jar (is/was) full. _____/5
5. (A/The) girl (is/was) washing her hair. _____/6
6. (A/The) girl played with (a/the) baby. _____/6
7. (A/The) cow (is/was) milked every day. _____/6
8. The paint dripped on the ground. _____/6
9. They (are/were) drinking coffee. _____/4
10. He's washing his face with soap. _____/6

WORDS correct: _____/54

PERCENT correct: _____%

Sentence level _____ Noise level _____ S/N ratio _____

Name _____ Processor _____ Date _____

HEARING IN NOISE TEST - CHILDREN

NOTE: Scoring is based on the number of words repeated exactly correct. Words in parentheses are to be scored as correct if either word is given in the response.

List 12

Words Correct

- | | |
|--|-----------|
| 1. (A/The) girl came into (a/the) room. | _____ /6 |
| 2. (A/The) field mouse found (a/the) cheese. | _____ /6 |
| 3. (A/The) candy shop (is/was) empty. | _____ /5 |
| 4. (A/The) machine (is/was) noisy. | _____ /4 |
| 5. (A/The) driver started (a/the) car. | _____ /5 |
| 6. They had a wonderful day. | _____ /5 |
| 7. The fruit (is/was) on the ground. | _____ /6 |
| 8. Yesterday he lost his hat. | _____ /5 |
| 9. He's skating with his friend. | _____ /5 |
| 10. (A/The) big boy kicked the ball. | _____ /6 |
| WORDS correct: | _____ /53 |
| PERCENT correct: | _____ % |

Sentence level _____ Noise level _____ S/N ratio _____

Name _____ Processor _____ Date _____

HEARING IN NOISE TEST - CHILDREN

NOTE: Scoring is based on the number of words repeated exactly correct. Words in parentheses are to be scored as correct if either word is given in the response.

List 11 Words Correct

1. Mother picked some flowers. _____/4
2. (A/The) puppy played with (a/the) ball. _____/6
3. (An/The) engine (is/was) running. _____/4
4. (An/The) old woman (is/was) at home. _____/6
5. They're watching (a/the) train go by. _____/6
6. (An/The) oven (is/was) too hot. _____/5
7. They rode their bicycles. _____/4
8. (A/The) truck carries fresh fruit. _____/5
9. They laughed at his story. _____/5
10. They walked across the grass. _____/5

WORDS correct: _____/50

PERCENT correct: _____%

Sentence level _____ Noise level _____ S/N ratio _____

Name _____ Processor _____ Date _____

HEARING IN NOISE TEST - CHILDREN

NOTE: Scoring is based on the number of words repeated exactly correct. Words in parentheses are to be scored as correct if either word is given in the response.

List 10

Words Correct

1. (A/The) house (has/had) nine bedrooms. _____/5
2. They're shopping for school clothes. _____/5
3. They're playing in (a/the) park. _____/5
4. She took off her fur coat. _____/6
5. They (are/were) coming for dinner. _____/5
6. (A/The) child drank some fresh milk. _____/6
7. (A/The) baby slept all night. _____/5
8. (A/The) table (has/had) three legs. _____/5
9. (A/The) policeman knows the way. _____/5
10. There (is/was) a bad train wreck. _____/6

WORDS correct: _____/53

PERCENT correct: _____%

Sentence level _____ Noise level _____ S/N ratio _____

Name _____ Processor _____ Date _____

HEARING IN NOISE TEST - CHILDREN

NOTE: Scoring is based on the number of words repeated exactly correct. Words in parentheses are to be scored as correct if either word is given in the response.

List 9

Words Correct

- | | |
|--|----------|
| 1. They (have/had) two empty bottles. | _____ /5 |
| 2. (A/The) woman cleaned her house. | _____ /5 |
| 3. (A/The) sharp knife (is/was) dangerous. | _____ /5 |
| 4. (A/The) child ripped open (a/the) bag. | _____ /6 |
| 5. (A/The) kitchen window (is/was) clean. | _____ /5 |
| 6. She's helping her friend move. | _____ /5 |
| 7. They ate (a/the) lemon pie. | _____ /5 |
| 8. Father forgot the bread. | _____ /4 |
| 9. The sun melted the snow. | _____ /5 |
| 10. (A/The) little girl (is/was) happy. | _____ /5 |

WORDS correct: _____ /50

PERCENT correct: _____ %

Sentence level _____ Noise level _____ S/N ratio _____
--

Name _____ Processor _____ Date _____

HEARING IN NOISE TEST - CHILDREN

NOTE: Scoring is based on the number of words repeated exactly correct. Words in parentheses are to be scored as correct if either word is given in the response.

List 8

Words Correct

1. (A/The) neighbor's boy (has/had) black hair. _____/6
2. The rain came pouring down. _____/5
3. (A/The) dog came home at last. _____/6
4. They're clearing the table. _____/4
5. Children like strawberries. _____/3
6. Her sister stayed for lunch. _____/5
7. (A/The) train (is/was) moving fast. _____/5
8. Mother shut (a/the) window. _____/4
9. (A/The) bottle (is/was) on (a/the) shelf. _____/6
10. (A/The) road goes up (a/the) hill. _____/6

WORDS correct: _____/50

PERCENT correct: _____%

Sentence level _____ Noise level _____ S/N ratio _____

Name _____ Processor _____ Date _____

HEARING IN NOISE TEST - CHILDREN

NOTE: Scoring is based on the number of words repeated exactly correct. Words in parentheses are to be scored as correct if either word is given in the response.

List 7	Words Correct
--------	---------------

- | | |
|--|----------|
| 1. School got out early today. | _____ /5 |
| 2. They're running past the house. | _____ /5 |
| 3. (A/The) boy ran away from school. | _____ /6 |
| 4. Sugar (is/was) very sweet. | _____ /4 |
| 5. The two children (are/were) laughing. | _____ /5 |
| 6. (A/The) fire truck (is/was) coming. | _____ /5 |
| 7. He (is/was) washing his car. | _____ /5 |
| 8. She found her purse in (a/the) trash. | _____ /7 |
| 9. (A/The) ball broke (a/the) window. | _____ /5 |
| 10. The old gloves (are/were) dirty. | _____ /5 |

WORDS correct: _____ /52

PERCENT correct: _____ %

Sentence level _____ Noise level _____ S/N ratio _____
--

SPEECH, LANGUAGE, AND HEARING DEVELOPMENT IN CHILDREN

HEARING AND UNDERSTANDING	TALKING
Birth-3 Months <ul style="list-style-type: none"> Startles to loud sounds Quiets or smiles when spoken to Seems to recognize your voice and quiets if crying Increases or decreases sucking behavior in response to sound 	Birth-3 Months <ul style="list-style-type: none"> Makes pleasure sounds (cooing, gooing) Cries differently for different needs Smiles when sees you
4-6 Months <ul style="list-style-type: none"> Moves eyes in direction of sounds Responds to changes in tone of your voice Notices toys that make sounds Pays attention to music 	4-6 Months <ul style="list-style-type: none"> Babbling sounds more speech-like with many different sounds, including <i>p</i>, <i>b</i> and <i>m</i> Chuckles and laughs Vocalizes excitement and displeasure Makes gurgling sounds when left alone and when playing with you
7 Months-1 Year <ul style="list-style-type: none"> Enjoys games like peek-a-boo and pat-a-cake Turns and looks in direction of sounds Listens when spoken to Recognizes words for common items like "cup", "shoe", "book", or "juice" Begins to respond to requests (e.g. "Come here" or "Want more?") 	7 Months-1 Year <ul style="list-style-type: none"> Babbling has both long and short groups of sounds such as "tata upup bibibibi" Uses speech or noncrying sounds to get and keep attention Uses gestures to communication (waving, holding arms to be picked up) Imitates different speech sounds Has one or two words (hi, dog, dada, mama) around first birthday, although sounds may not be clear
1-2 years <ul style="list-style-type: none"> Points to a few body parts when asked. Follows simple commands and understands simple questions ("Roll the ball," "Kiss the baby," "Where's your shoe?"). Listens to simple stories, songs, and rhymes. Points to pictures in a book when named. 	1-2 years <ul style="list-style-type: none"> Says more words every month. Uses some one- or two- word questions ("Where kitty?" "Go bye-bye?" "What's that?"). Puts two words together ("more cookie," "no juice," "mommy book"). Uses many different consonant sounds at the beginning of words.

2-3 years <ul style="list-style-type: none"> • Understands differences in meaning ("go-stop," "in-on," "big-little," "up-down"). • Follows two requests ("Get the book and put it on the table"). • Listens to and enjoys hearing stories for longer periods of time 	2-3 years <ul style="list-style-type: none"> • Has a word for almost everything. • Uses two- or three- words to talk about and ask for things. • Uses <i>k, g, f, t, d,</i> and <i>n</i> sounds. • Speech is understood by familiar listeners most of the time. • Often asks for or directs attention to objects by naming them.
3-4 years <ul style="list-style-type: none"> • Hears you when you call from another room. • Hears television or radio at the same loudness level as other family members. • Answers simple "who?", "what?", "where?", and "why?" questions. 	3-4 years <ul style="list-style-type: none"> • Talks about activities at school or at friends' homes. • People outside of the family usually understand child's speech. • Uses a lot of sentences that have 4 or more words. • Usually talks easily without repeating syllables or words.
4-5 years <ul style="list-style-type: none"> • Pays attention to a short story and answers simple questions about it. • Hears and understands most of what is said at home and in school. 	4-5 years <ul style="list-style-type: none"> • Makes voice sounds clear like other children's. • Uses sentences that give lots of details (e.g., "I like to read my books"). • Tells stories that stick to topic. • Communicates easily with other children and adults. • Says most sounds correctly (except perhaps certain ones such as <i>l, s, r, v, z, ch, sh, th</i>). • Uses the same grammar as the rest of the family.

Reference: American Speech-Language-Hearing Association, 2009

SPEECH, LANGUAGE, AND HEARING DEVELOPMENT IN CHILDREN

	Hearing & Understanding	Talking
Birth-3 months	<ul style="list-style-type: none"> •Startles to loud sounds •Quiets or smiles when spoken to •Seems to recognize your voice and quiets if crying •Increases/decreases sucking behavior in response to sound 	<ul style="list-style-type: none"> •Makes pleasure sounds (cooing/gooning) •Cries differently for different needs •Smiles when sees you
4-6 months	<ul style="list-style-type: none"> •Moves eyes in direction of sounds •Responds to changes in tone of your voice •Notifies toys that make sounds •Pays attention to music 	<ul style="list-style-type: none"> •Babbling sounds more speech-like with many different sounds, including <i>p</i>, <i>b</i>, and <i>m</i> •Chuckles and laughs •Vocalizes excitement and displeasure •Makes gurgling sounds when left alone and when playing with you
7 months-1 year	<ul style="list-style-type: none"> •Enjoys games like peek-a-boo and pat-a-cake •Turns and looks in direction of sounds •Listens when spoken to •Recognizes words of common items like "cup," "shoe," "book," or "juice" •Begins to respond to requests like "Come here." or "Want more?" 	<ul style="list-style-type: none"> •Babbling has both long and short groups of sounds like "tata," "upup," and "bibibibi" •Uses speech or non-crying to get and keep attention •Uses gestures to communicate like waving, holding arms to be picked up •Imitates different speech sounds •Has one or two words like "hi," "dada," or "mama" around 1 year (although sounds may not be clear)
1-2 years	<ul style="list-style-type: none"> •Points to a few body parts when asked •Follows simple commands and understands simple questions like "Roll the ball." "Kiss the baby." or "Where's your shoe?" •Listens to simple stories, songs, and rhymes •Points to pictures in a book when named 	<ul style="list-style-type: none"> •Says more words every month •Uses some one- or two-word questions like "Where kitty?" "Go bye-bye?" or "What's that?" •Puts two words together like "more cookie," "no juice," or "mommy book" •Uses many different consonant sounds at the beginning of words
2-3 years	<ul style="list-style-type: none"> •Understands differences in meaning like "go/stop," "in/on," "big/little," or "up/down" •Follows two requests like "Get the book and put it on the table." •Listens to and enjoys hearing stories for longer periods of time 	<ul style="list-style-type: none"> •Has a word for almost everything •Uses two or three words to talk about and ask for things •Uses <i>k</i>, <i>g</i>, <i>f</i>, <i>t</i>, <i>d</i>, and <i>n</i> sounds •Speech is understood by familiar listeners most of the time •Often asks for or directs attention to objects by naming them
3-4 years	<ul style="list-style-type: none"> •Hears you when you call from another room •Hears the TV or radio at the same volume as other family members •Answers simple <i>who</i>, <i>what</i>, <i>when</i>, <i>where</i>, and <i>why</i> questions 	<ul style="list-style-type: none"> •Talks about activities at school or at friends' homes •People outside the family usually understand child's speech •Uses a lot of sentences that have 4 or more words •Usually talks easily without repeating syllables or words
4-5 years	<ul style="list-style-type: none"> •Pays attention to a short story and answers simple questions about it •Hears and understands most of what is said at home and in school 	<ul style="list-style-type: none"> •Makes voice sounds clear like other children's •Uses sentences that give lots of details like "I like to read my books." •Tells stories that stick to a topic •Communicates easily with other children and adults •Says most sounds correctly, except perhaps <i>l</i>, <i>s</i>, <i>r</i>, <i>v</i>, <i>z</i>, <i>ch</i>, <i>sh</i>, or <i>th</i> •Uses the same grammar as the rest of the family

Tinnitus Reaction Questionnaire (TRQ)

Name _____

Date Completed: _____

This questionnaire is designed to find out what sort of effects tinnitus has had on your lifestyle, general well-being, etc. Some of the effects below may apply to you, some may not. Please answer **all** questions by circling the number that **best** reflects how your tinnitus has affected you **over the past week**.

		Not at all	A little of the time	Some of the time	A good deal of the time	Almost all of the time
1.	My tinnitus has made me unhappy.	0	1	2	3	4
2.	My tinnitus has made me feel tense.	0	1	2	3	4
3.	My tinnitus has made me feel irritable.	0	1	2	3	4
4.	My tinnitus has made me feel angry.	0	1	2	3	4
5.	My tinnitus has led me to cry.	0	1	2	3	4
6.	My tinnitus has led me to avoid quiet situations.	0	1	2	3	4
7.	My tinnitus has made me feel less interested in going out.	0	1	2	3	4
8.	My tinnitus has made me feel depressed.	0	1	2	3	4
9.	My tinnitus has made me feel annoyed.	0	1	2	3	4
10.	My tinnitus has made me feel confused.	0	1	2	3	4
11.	My tinnitus has "driven me crazy".	0	1	2	3	4
12.	My tinnitus has interfered with my enjoyment of life.	0	1	2	3	4
13.	My tinnitus has made it hard for me to concentrate.	0	1	2	3	4
14.	My tinnitus has made it hard for me to relax.	0	1	2	3	4
15.	My tinnitus has made me feel distressed.	0	1	2	3	4
16.	My tinnitus has made me feel helpless.	0	1	2	3	4
17.	My tinnitus has made me feel frustrated with things.	0	1	2	3	4
18.	My tinnitus has interfered with my ability to work.	0	1	2	3	4
19.	My tinnitus has led me to despair.	0	1	2	3	4
20.	My tinnitus has led me to avoid noisy situations.	0	1	2	3	4
21.	My tinnitus has led me to avoid social situations.	0	1	2	3	4
22.	My tinnitus has made me feel hopeless about the future.	0	1	2	3	4
23.	My tinnitus has interfered with my sleep.	0	1	2	3	4
24.	My tinnitus has led me to think about suicide.	0	1	2	3	4
25.	My tinnitus has made me feel panicky.	0	1	2	3	4
26.	My tinnitus has made me feel tormented.	0	1	2	3	4
Total						

Wilson et al. 1991

TINNITUS HANDICAP INVENTORY

Patient Name: _____ Date: _____

INSTRUCTIONS: The purpose of this questionnaire is to identify difficulties that you may be experiencing because of your tinnitus. Please answer every question. Please do not skip any questions.

- | | | | |
|---|-----|-----------|----|
| 1. Because of your tinnitus, is it difficult for you to concentrate? | Yes | Sometimes | No |
| 2. Does the loudness of your tinnitus make it difficult for you to hear people? | Yes | Sometimes | No |
| 3. Does your tinnitus make you angry? | Yes | Sometimes | No |
| 4. Does your tinnitus make you feel confused? | Yes | Sometimes | No |
| 5. Because of your tinnitus, do you feel desperate? | Yes | Sometimes | No |
| 6. Do you complain a great deal about your tinnitus? | Yes | Sometimes | No |
| 7. Because of your tinnitus, do you have trouble falling to sleep at night? | Yes | Sometimes | No |
| 8. Do you feel as though you cannot escape your tinnitus? | Yes | Sometimes | No |
| 9. Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner, to the movies)? | Yes | Sometimes | No |
| 10. Because of your tinnitus, do you feel frustrated? | Yes | Sometimes | No |
| 11. Because of your tinnitus, do you feel that you have a terrible disease? | Yes | Sometimes | No |
| 12. Does your tinnitus make it difficult for you to enjoy life? | Yes | Sometimes | No |
| 13. Does your tinnitus interfere with your job or household responsibilities? | Yes | Sometimes | No |
| 14. Because of your tinnitus, do you find that you are often irritable? | Yes | Sometimes | No |
| 15. Because of your tinnitus, is it difficult for you to read? | Yes | Sometimes | No |
| 16. Does your tinnitus make you upset? | Yes | Sometimes | No |
| 17. Do you feel that your tinnitus problem has placed stress on your relationships with members of your family and friends? | Yes | Sometimes | No |
| 18. Do you find it difficult to focus your attention away from your tinnitus and on other things? | Yes | Sometimes | No |
| 19. Do you feel that you have no control over your tinnitus? | Yes | Sometimes | No |
| 20. Because of your tinnitus, do you often feel tired? | Yes | Sometimes | No |
| 21. Because of your tinnitus, do you feel depressed? | Yes | Sometimes | No |
| 22. Does your tinnitus make you feel anxious? | Yes | Sometimes | No |
| 23. Do you feel that you can no longer cope with your tinnitus? | Yes | Sometimes | No |
| 24. Does your tinnitus get worse when you are under stress? | Yes | Sometimes | No |
| 25. Does your tinnitus make you feel insecure? | Yes | Sometimes | No |

FOR CLINICIAN USE ONLY

Total Per Column

Total Score

x4	x2	x0
	+	+
		=

TINNITUS HANDICAP INVENTORY SEVERITY SCALE

GRADE	SCORE	DESCRIPTION
1	0-16	Slight: Only heard in quiet environment, very easily masked. No interference with sleep or daily activities.
2	18-36	Mild: Easily masked by environmental sounds and easily forgotten with activities. May occasionally interfere with sleep but not daily activities.
3	38-56	Moderate: May be noticed, even in the presence of background or environmental noise, although daily activities may still be performed.
4	58-76	Severe: Almost always heard, rarely, if ever, masked. Leads to disturbed sleep pattern and can interfere with ability to carry out normal daily activities. Quiet activities affected adversely.
5	78-100	Catastrophic: Always heard, disturbed sleep patterns, difficulty with any activity.

Tips For Managing Tinnitus

Diagnose and Understand Your Tinnitus

1. DO NOT panic. Tinnitus is usually not a sign of a serious, ongoing medical condition.
2. CHECK things out. The sounds you hear may actually be normal sounds created by the human body at work.
3. SEE an audiologist or ear, nose and throat specialist (ENT) interested and experienced in tinnitus treatment.
4. REVIEW your current medications (prescription, over-the-counter, vitamins and other supplements) with your medical professional to find possible causes of your tinnitus.
5. BE WARY of a hopeless diagnosis or physician advice like, "There's nothing you can do about your tinnitus. Go home and live with it."
6. BE a detective. Keep track of what triggers your tinnitus.
7. KEEP UP TO DATE about tinnitus. More and more research by the best and the brightest is bringing us closer to successful treatments and cures for tinnitus.

Find Effective Treatment and Take Care of Yourself

8. BE KIND to yourself. Developing tinnitus means you have undergone a significant physical, emotional and maybe even life-style change.
9. EXAMINE how you live to find ways to eliminate or reduce some stress in different parts of your life; stress often makes tinnitus worse.
10. PAY ATTENTION to what you eat. One-by-one, eliminate possible sources of tinnitus aggravation, e.g., salt, artificial sweeteners, sugar, alcohol, prescription or over-the-counter medications, tobacco and caffeine.
(Do not stop taking medications without consulting with your health care professional.)
11. DON'T GIVE UP on a treatment if it doesn't work right away. Some can take quite a while to have a positive effect.
12. PROTECT YOURSELF from further auditory damage by avoiding loud places and by using earplugs when you can't avoid loud noise.

Your Attitude Matters

13. DO NOT create any negative forecasts for your tinnitus, such as "This is never going to get any better." Counting on a better future can help you create one.
14. TAKE HEART. In many cases people with tinnitus "habituate" to it, meaning they get used to it and notice it less than at first.
15. BE INVOLVED in your recovery. Consider yourself part of your treatment team where your thoughts and feelings should count.
16. DO NOT WASTE time blaming yourself for your tinnitus. The causes of tinnitus are varied and difficult to determine.

Line Up Support

17. LOCATE people who understand your struggles and learn that you are not alone. Have people in your life who, though they cannot "see" or "hear" your tinnitus, understand that you have it.
18. FIND a support group that will truly understand your struggles with tinnitus and help you sort out useful from useless information. You will find compassion, companionship and coping strategies. (ATA has [information](#) on tinnitus support groups and individual, helpful volunteers.)
19. EDUCATE your family, friends and co-workers about tinnitus; tell them about the conditions and settings that are difficult for you; and ask them for their support.
20. CONTINUE SEEKING reliable information from ATA and other credible sources.

FAMILIAR SOUNDS AUDIOGRAM®

NAME _____

DATE _____

PITCH [Or FREQUENCY]

LOW

MEASURED IN CYCLES PER SECOND

HIGH

125 250 500 1000 2000 4000 8000

0

10

20

30

40

50

60

70

80

90

100

110

120

NORMAL
LIMITS
[child]

NORMAL
LIMITS
[adult]

f th
s

z V

p h g

k

ch

sh

i o a r

j m d b
n g e l
u

MILD

MODERATE

MODERATELY
SEVERE

SEVERE

PROFOUND

DEGREES OF HEARING LOSS

LOUDNESS

MEASURED IN DECIBELS [dB] re: ANSI 1969

Adapted with permission of J.L.Northern and M.P.Downs from HEARING IN CHILDREN, (Williams & Wilkins, 1984)

LOUDNESS LEVELS OF COMMON SOUNDS [IN DECIBELS]

10 dB	Breathing	80 dB	Rush Hour Traffic	120 dB	Jet Airport
30 dB	Whisper	90 dB	Food Blender	140 dB	Shotgun Blast
40-60 dB	Conversation	100 dB	Train		
70 dB	Typewriter	110 dB	Chain Saw		

SHADED AREA REPRESENTS RANGE
OF CONVERSATIONAL SPEECH

The Familiar Sounds Audiogram by: FS Audiometrics - Reorder No.# 32754

FS
AUDIOMETRICS

© B.A. Chaudion, MS.,CCC-A

Pediatric Otolaryngology - Head and Neck Surgery, PLLC

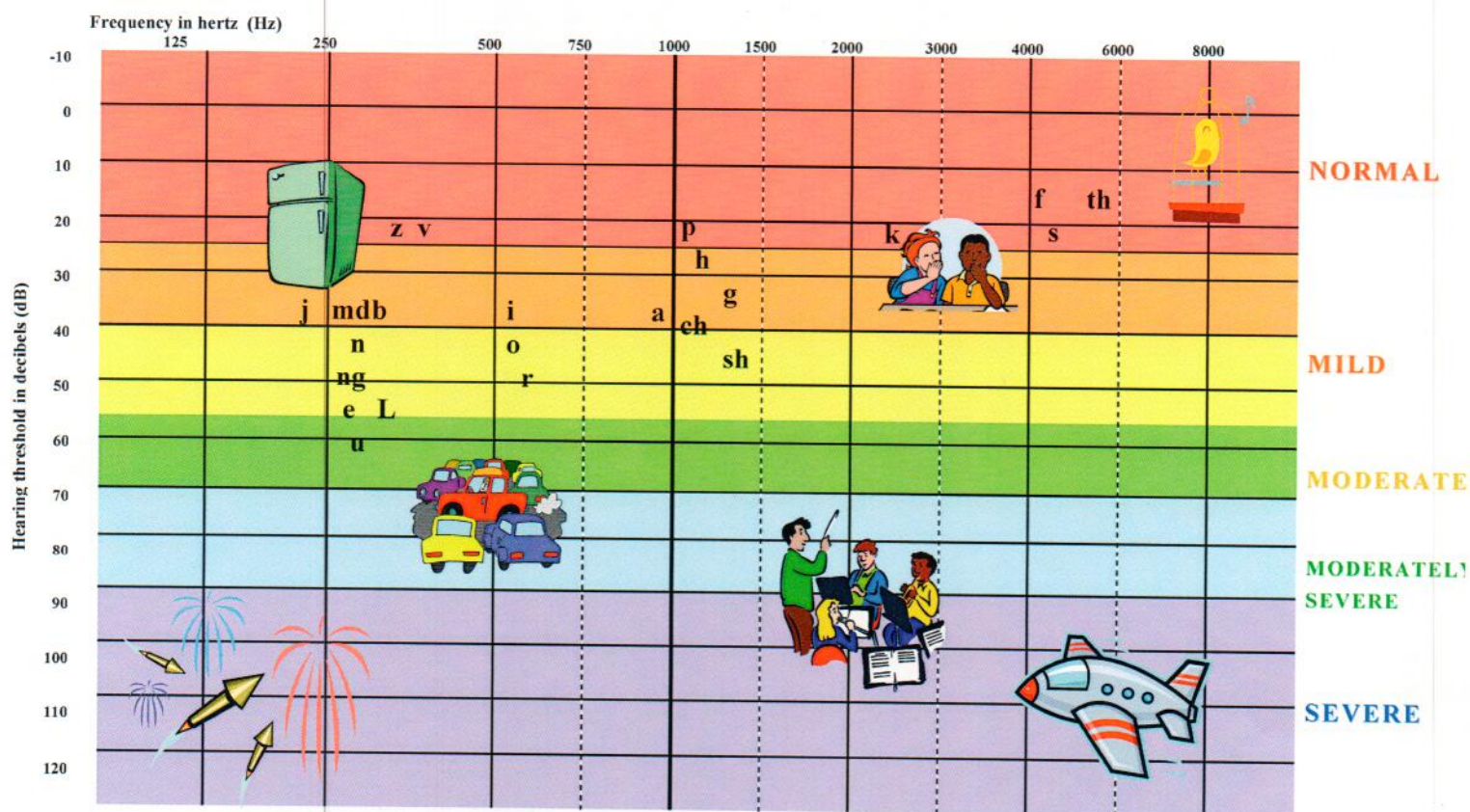
John P. Little, M.D. / Michael J. Belmont, M.D. / R. Mark Ray, M.D.



Children's Hospital Medical Office Building
2100 Clinch Avenue, Suite 410 / Knoxville, TN 37916
(865) 521-6005 • (865) 521-6088 FAX

AUDIOLOGICAL EVALUATION

Name _____ Date of Evaluation _____



AUDIOGRAM KEY

	RIGHT	LEFT
AC UNMASKED -	O	X
AC MASKED -	Δ	□
BC UNMASKED-	<	>
BC MASKED-	[]
NO RESPONSE	↙	↘

Hearing loss right: _____

Hearing loss left: _____

Method: ☐ ABR ☐ Behavioral TESTED BY: _____ Kristie Johnston, Au.D., CCC-A _____ Alison Whittle, Au.D., CCC-A _____ Caroline Wind, Au.D.

Form No. 30316 (06/14) ss

WHAT IS AN AUDITORY PROCESSING DISORDER?

Peripheral Hearing involves the outer middle and inner ear. A problem in one or more of these areas causes a peripheral hearing loss, which can be treated medically or with hearing aids.

Central Hearing involves the auditory nerves, pathways of the brainstem, temporal lobes and corpus callosum. A problem in one or more of these areas can cause an **Auditory Processing Disorder**.

Auditory Processing can be thought of as "what we do with what we hear". When an auditory signal is sent to the brain successfully, abilities are normal; but, if there is a breakdown in the normal peripheral transmission of the signal to the brain, this is considered an **APD**. A child with an **APD** will have normal peripheral hearing but difficulty in the reception and interpretation of auditory information. While the signal/sound is loud enough, the child has difficulty understanding the message and making sense of what they are hearing. The following are associated symptoms or observations that may be noted in a child with APD:

GENERAL:

- Seems to pay attention only when he/she wants; often tunes out environment and becomes lost in his/her "own little world"
- Seems visually alert
- Easily distracted
- Has trouble locating sound sources and/or the ability to associate certain sounds with a correct source
- Uses the same words or phrases over and over instead of responding appropriately to changing verbal information
- Shows behaviors that are inappropriate (frustration, aggression, withdrawal, impulsiveness)
- Demonstrates unusual expressions or body postures while listening

IN REGARDS TO INSTRUCTION:

- Responds well in quiet situations but has great difficulty in noisy environments
- Slow to respond to auditory instructions, and then can only respond to very simple instructions
- Has difficulty with short and long term memory
- Confuses directions or words
- May have difficulty remembering information in the order it was said

ACADEMIC:

- Difficulty reading and/or spelling
- Difficulty staying on task and completing an assignment or project
- Have difficulty associating letters of the alphabet with their sounds
- Perform poorly on items requiring verbal language understanding rather than "hands on" situations
- Difficulty working independently. Looks for visual cues from other children before beginning an assignment
- Perform very inconsistently (sometimes very well other times very poor on the same task)

SPEECH AND LANGUAGE:

- Difficulty telling the difference between words that sound similar
- Trouble saying certain sounds correctly or have delayed language abilities
- Does not know meaning of the words as well as other children of his/her age group



Children's Ear, Nose & Throat Specialists, PLLC

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Softband Baha Process

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Pediatric Audiologists

Samantha Wallenstein, M.S.
Audiology Extern

Janet L. Harris
Office Manager

* Implant Surgeon,
Pediatric Cochlear
Implant Program
At Children's Hospital

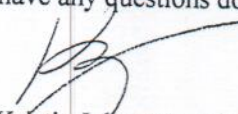
Children's Hospital
Medical Office Building
2100 Clinch Avenue
Suite 410
Knoxville, TN 37916

865-521-6005
fax 865-521-6088

Eligibility of payment for processor is determined by your individual insurance company.

1. Your audiologist will write a letter of medical necessity (LMN).
2. Once the letter is written it will go to Dr. Little or Dr. Belmont and requires his signature. Obtaining his signature may take up to a week.
3. In the meantime, an appointment will be scheduled for you to see our audiologist to select softband Baha equipment.
4. Following physician's signature on LMN, the audiologist will fax the LMN, medical records, and softband Baha order form to Cochlear Americas.
5. Cochlear Americas will begin the insurance process and send the insurance the LMN.
6. Insurance will approve or deny the softband Baha request.
7. The insurance company will mail a copy of this decision to you, Cochlear Americas, and most likely our office.
8. Upon approval, Cochlear Americas will mail the Baha processor to our office. At that time we will contact patient's guardian to set up appointment for fitting.
9. Our office will automatically submit an appeal for the upgrade if our initial request is denied.

We look forward to continuing to work together to care for your child's hearing needs. If you have any questions do not hesitate to contact us at (865) 521-6005.


Kristie Johnston, Au.D., CCC-A
Director of Audiology Services

Updated November 2016*



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Factors that Influence Outcomes

Learning to listen and talk is a realistic expectation for most children with cochlear implants who are immersed in auditory/oral educational programs and who have access to ongoing training. However, it is impossible to predict how well an individual child will do with an implant over time. Progress is dependent upon a number of factors including the quality of support received at home and at school. Some additional factors that may influence a child's success are:

- Age at implantation. The earlier a congenitally deaf child receives an implant, the closer we can expect them to be to normal speech and language development.
- Duration of deafness. Generally, as the duration of deafness increases, the degree of benefit from the implant becomes less predictable.
- Wear Time. A child should be wearing the speech processor whenever he/she is awake.
- Factors related to the device itself.
 - Number of electrodes inserted at surgery.
 - Number of electrodes activated
 - Regular audiological management and speech processor programming
- Previous auditory experience
 - Age at onset of deafness
 - The child's level of speech and oral language development at the time of the implant.
- Presence of other learning challenges
 - Cognitive or learning ability of the child
 - Neurological involvement
 - How well the child processes spoken language
 - General health of the child
- Emphasis on auditory learning
 - Exposure to meaningful auditory input throughout the day (at home and in school)
 - Type, frequency, and appropriately challenging expectations of auditory therapy
 - Mode of communication. ASL should not be maintained for a child with a cochlear implant. A plan for transition to hearing and speaking should be implemented in order to reduce dependence on sign language.
 - Amount of interaction with normally hearing peers
- Other factors
 - Family support
 - Parent and teacher expectations
 - Availability of support services
 - Behavioral factors

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*Information provided by Cochlear Americas Resources



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Developing Listening Following Implantation

- Insist that the child wear the cochlear implant all of the day. Hearing is an all day event.
- Until the child is old enough to assume responsibility, an adult must be assigned to assume the responsibility to check the speech processor, headset, cords, and batteries daily.
- Encourage auditory awareness by calling attention to sounds in the environment.
- Investigating sounds and their sources can be fun, but follow your child's lead rather than trying to make him or her report what is heard all of the time. Doing so can be exhausting, stressful, and unpleasant.
- Always use sound as the first attempt to gain the child's attention, rather than tapping, stomping or signing. This will assist in improving sound detection skills.
- Use a normal conversational level voice that is rich in inflection and rhythm. Children should learn to understand the meaning conveyed by changes in stress and intonation of utterances such as, "uh oh", "oooo", "ahhh", and "oh, no" within the first few months of implant use.
- Talk to the child during routine activities including playtime and as you work around the house or around the classroom. Talk about what is happening as it happens. Use everyday activities and experiences to incorporate and solidify knowledge of new vocabulary and language. Use lots of repetition. Young children learn most easily when they are engaged in meaningful interaction with parents and caregivers including dressing, feeding, playing, etc.
- Typically the first several months of therapy with a young child are spent in helping the child learn to attend to sound and to learn the meaning of sound. Imitation of speech sounds may begin naturally or spontaneously. The early focus on therapy is on the development of appropriate voice patterns rather than on articulation.
- Parents should participate actively in therapy. Professionals work with the child primarily for the purpose of demonstrating how the parent is to develop a target behavior in the child. After demonstration, the parent should be given the opportunity to practice techniques and strategies. Parents are the primary models for listening and language development in the early years.
- Expect the child to vocalize to get what s/he wants.
- Treat the child with a cochlear implant as a child. Expect behavior and responsibility appropriate for his or her age. Allow her to learn from consequences of her poor choices and good choices. Encourage independence and responsibility in the child. Consider the whole child and avoid too great a focus on the hearing loss.

*Information provided by Cochlear Americas Resources



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Specializing in Pediatric Otolaryngology providing Head and Neck medical and surgical care for children and adolescents (birth - 21 years)

What to Expect During a Young Child's First Months

- Expectations are related to the age of the child at the onset of deafness, the child's age at the time of the implant, the duration of deafness, previous auditory experience, and the child's participation in intensive, appropriate rehabilitation. Expectations need to be adjusted based on these factors. In general, the implant is expected to provide access to sound, which will become meaningful through intensive training.
- It is essential to remain patient.
- Initially, some children seem to ignore sound, some are frightened, some become timid and quiet. Some children appear to hear and notice sound initially but then seem to ignore sound when the novelty wears off, while others remain curious about new sounds. *All of these responses are normal. There is no "correct" way for the child to respond to sound provided by the implant initially.*
- Assume that the child can hear a wide variety of environmental and speech sounds. Children with cochlear implants have access to all the sounds of spoken language, and they can hear at conversational loudness levels. The cochlear implant makes sound audible for the child. To use the sound that is heard, the child must be taught to associate sound with its meaning.
- Do not expect dramatic changes in the child's behavior or performance right away. Learning to listen may take an extended period of time for some children. Babies listen to speech for a year before they say their first words. A child's hearing ability will be related to the child's "hearing age". That is, on the day of the initial stimulation of the cochlear implant, the child's hearing age is one day. At one month after initial stimulation, the child's hearing age is one month. This needs to be borne in mind when evaluating progress by a child.
- *Audible* is not the same as *intelligible*. Being able to hear sound is not the same as being able to understand what the sound means or being able to tell the sounds apart. Even if he was doing so with conventional amplification prior to receiving the implant, the child needs to relearn that each sound has meaning.
- It is not realistic to expect a child to respond to his name or to recognize a sound or word initially. A word must be heard many times before it will be recognized.
- Expect increased vocal play and capitalize on this by stimulating and reinforcing.
- Expect a rapid acquisition of sound detection skills and capitalize on this by stimulating and reinforcing.
- Expect increased general attending skills and capitalize on this by stimulating and reinforcing.
- Learning to hear follows a hierarchy of performance starting with the most basic skill of detection, closed set discrimination, open set identification, and then comprehension. Speech also develops by progressing through the normal developmental sequence.
- The process of hearing with a cochlear implant is similar to that experienced by a child who wears a hearing aid, but the rate of skill development should be faster with an implant.
- For young children, a normal or better than normal rate of progress in speech and language development is the standard expectation by which success is measured, unless the child has learning issues in addition to the hearing loss.

*Information provided by Cochlear Americas Resources



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Patient Expectations Guide

What to Expect from Hearing Devices

Being fit with new hearing devices will bring about many new experiences. It is important for you to know what to expect. There are things that should be right about the new devices from Day One and every day after that. If you have difficulty in any of these areas, we will make it right as soon as possible.

What you should expect:

- The hearing devices should be functional on a daily basis and, if they are not working, repairs will be completed in a timely manner.
- The hearing devices should be free from feedback under normal use conditions. If feedback occurs on a frequent basis, adjustments can be made to minimize these occurrences.
- The hearing devices should be physically comfortable to wear. If discomfort is experienced, especially after the first few days of use, adjustments can be made to the physical shape of the body or earpiece of the hearing device to eliminate such discomfort.
- Loud sounds in the environment should not be made to be uncomfortable by the hearing devices. If discomfort is experienced, adjustments can be made to control the output of the hearing aid.
- The hearing devices should improve the ability to hear soft and conversational levels of speech in quiet environments.
- The hearing devices should be comfortable to wear in louder, noisier environments.

We know that hearing loss creates many communication difficulties. We will try to solve all of your major challenges, but the nature of hearing loss is such that your hearing will never be normal again. Everyone's hearing loss is different, and, for some, the damage is so great that certain situations will always pose a challenge even with the best devices. Improving your ability to communicate in challenging situations will form the basis of what we will try to do for you. We call these focus points Potential Benefits. The ability to meet these goals will vary depending on the specific nature of your hearing loss, the communication environments that you visit and the level of technology in your devices.

Potential Benefits would include:

- The hearing devices will allow you to better understand speech in complex, noisy situations.
- The hearing devices will improve your ability to separate the various sources of sound in your environment and focus on the sounds in which you are most interested.
- The hearing devices will improve your ability to understand speech from electronic sources such as telephones, televisions, etc.
- The higher the level of technology in your devices, the greater the chances of improved performance in challenging situations.

Information provided by Oticon: People first
(Schum, 2009)

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Bridgewatersh.com

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CHEROKEE HEALTH SYSTEMS

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Children's Hearing Center of East Tennessee

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AREA (RE)HABILITATION SERVICES

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Support Services

TEIS-Tennessee Early Intervention Services (birth-3 years)
(865) 579-3099

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CSS-Children's Special Services (birth-21 years)
Contact your County Health Department

Child Find-Knox County Schools (3-5 years)
(865) 594-1530

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Hearing and Speech/Language Centers
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East TN Children's ReHab (SLP): Marcia Bucels (Speech Manager)
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South: (865) 579-4895 Maryville: (865) 983-8129
North: (865) 687-1512 Cedar Bluff: (865) 690-26-71
Farragut: (865) 966-8933 Oak Ridge: (865) 482-7730

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UT Hearing and Speech Center***
Hearing Center: (865) 974-5453***
Speech Center: (865) 974-5451

UT Pediatric Language Clinic (birth-3 years)
(865) 974-6702

865-521-6005
fax 865-521-6088

*****=Auditory Processing Evaluations Provided**

Children's Ear, Nose & Throat Specialists, PLLC

Phone Memo

Dr. Little

Dr. Belmont

Dr. Ray

Andy

Audiology

Nurse-L

Nurse - B

Nurse-R

Janet

Surgery Deposits

Medical Records

Billing

Patient's Name: _____ Chart #: _____

Date: _____ Time: _____ Ins: _____ D.O.B.: _____

Parent/Other: _____ Phone: () _____

_____ ()

Reason for the call:

- Pt./Ref. Dr. requesting earlier appt: _____ (symptoms)
 ○ Need to schedule / reschedule surgery ~ Surgery scheduled for: _____
 ○ Need lab/test results: _____ (date and type of test)
 ○ Need to order audiology supplies
 ○ Need medication refill / authorization for _____
 ○ Pharmacy name: _____ Pharmacy #: _____
 ○ Illness: __ Fever __ D/C from ear __ Ear/Throat pain __ Nasal drainage __ Cough __ POP pain

Other: _____

Doctor's Response:

Assistant's Notes:

Front Desk conf. w/ _____ Date: _____ Time: _____

Appt. Date: _____ Time: _____

Children's Ear, Nose & Throat Specialists

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West Office

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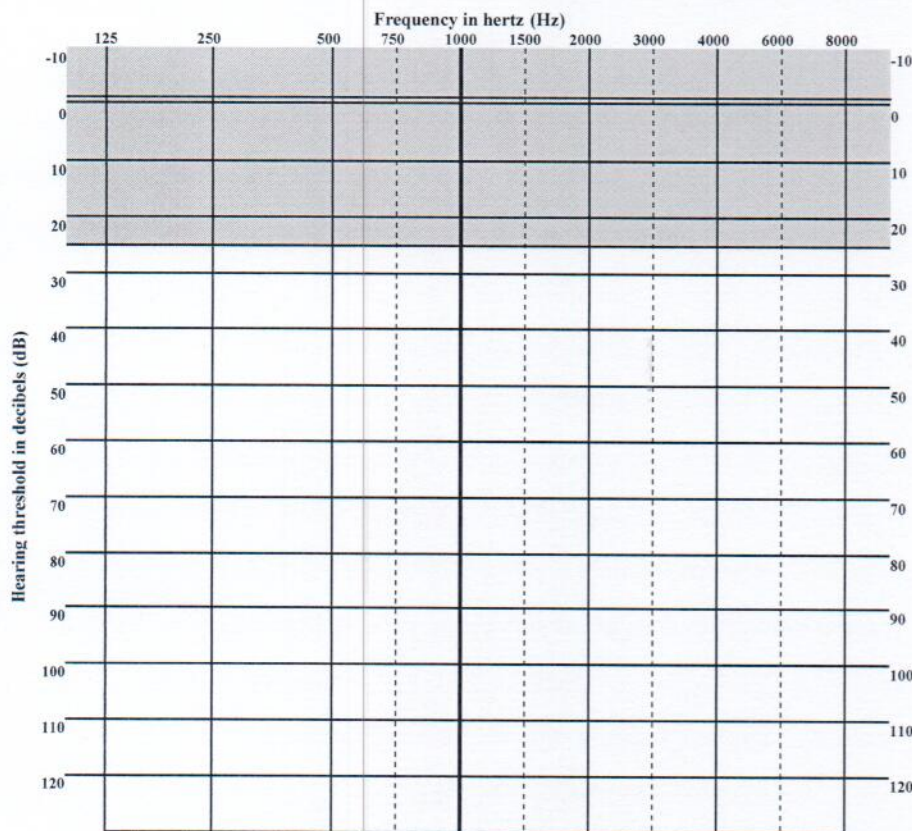


PHONE: (865) 521-6005

COCHLEAR IMPLANT AUDIOLOGICAL EVALUATION

Name _____ Date of Evaluation _____

Date of Birth _____ Age _____ Sex _____ Chart Number _____



AUDIOGRAM KEY

Right CI= R

Left CI= L

B= Both

CI= Cochlear Implant

⊖= Threshold

*= Sound Field

AUDIOMETER

CALIBRATED TO ANSI STANDARD

GSI 61

☐ East Office

☐ West Office

☐ Booth A

☐ Booth B

RELIABILITY

☐ GOOD

☐ FAIR

☐ POOR

METHOD

☐ VRA

☐ CPA

☐ BOA

☐ COULD NOT CONDITION

☐ SCARED OF VRA

☐ DID NOT TEST <15dB

☐ FATIGUED

WORD RECOGNITION SCORES

(live voice)

Stimuli _____

RT CI _____ % @ _____ dB Noise: _____ dB

_____ % @ _____ dB Noise: _____ dB

_____ % @ _____ dB Noise: _____ dB

_____ % @ _____ dB Noise: _____ dB

LT CI _____ % @ _____ dB Noise: _____ dB

_____ % @ _____ dB Noise: _____ dB

_____ % @ _____ dB Noise: _____ dB

_____ % @ _____ dB Noise: _____ dB

TYMPANOGRAM

Pressure Volume

RE	A	B	C		
LE	A	B	C		

SPEECH

(live voice)

Reception

Awareness

THRESHOLD

RT CI _____ dB LT CI _____ dB

RT & LT CI _____ dB

TESTED BY: _____ K. Johnston, Au.D. _____ E. Morgan, Au.D. _____ H. North, M.A. _____ K. Walden, Au.D. _____ S. Wallenstein, Au.D.

MAP Right CI: _____ MAP Left CI _____

Comments: _____



CHILDREN'S HEARING CENTER OF EAST TENNESSEE

A Subdivision of Pediatric Otolaryngology - Head and Neck Surgery, PLLC

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Audiology Review-Risk Factors for Hearing Loss

Name: _____ Chart# _____

Last First

DOB: _____ Gestational Age _____

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Risk Indicators for Hearing Loss

YES NO

NICU > 5 days		
Birthweight < 1500 grams		
Apgar score of < or = 3 at 5 minutes 1 5 10		
Prescribed ototoxic meds or loop diuretics > 5 days		
Mechanical Ventilation (> 10 days)		
Craniofacial Anomalies including pinnae, EAC, ear tags, ear pits or temporal bone abnormalities		
Physical Findings, i.e. white forelock, assoc. w/ syndrome that includes SNHL and permanent CHL		
Hyperbilirubinemia (w/ peak level exceeding 15/dl)		
Congenital infections (TORCH)		

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High Risk Factors Indicators Requiring Follow-up

YES NO

Family hx of permanent childhood HL		
In utero infection such as CMV, herpes, rubella, syphilis or Toxoplasmosis		
Syndrome assoc. w/ HL		
Bacterial or viral meningitis		
Neurodegenerative disorders (Hunters, sensory motor neuropathies, Friedreich ataxia, Charcot-Marie Tooth syndrome)		
Basal Skull/temporal bone head trauma		
Other (Chemotherapy, Extra Corporeal Membrane Oxygenation, etc.)		
Recurrent or persistent otitis media with effusion for at least 3 months		

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NBHS Results

Hospital

Automated ABR RE pass/refer LE pass/refer

OAE RE pass/refer LE pass/refer

DX ABR results _____

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