



HCHS/SOL Tympanometry Examination

ID NUMBER:

FORM CODE: TYM
VERSION: A 2/07/08

Contact Occasion

SEQ #

Acrostic: _____

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff Examiner ID:

0c. Tympanometer #:

Instructions: Enter "=" if a measurement is permanently missing.

| Measurement | Right ear | Left ear |
|--------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Seal Obtained | T1R <input type="checkbox"/> 0 = No (skip to T1L) 1 = Yes 9 = Not Done (skip to T1L) | T1L <input type="checkbox"/> 0 = No (skip to T8R) 1 = Yes 9 = Not Done (skip to T8R) |
| MEP | T2R <input type="text"/> +200 — -312 or = | T2L <input type="text"/> +200 — -312 or = |
| PV | T3R <input type="text"/> 0.2 — 7 | T3L <input type="text"/> 0.2 — 7 |
| Comp | T4R <input type="text"/> 0.0 — 8 | T4L <input type="text"/> 0.0 — 8 |
| TW | T5R <input type="text"/> 15 — 220 or === | T5L <input type="text"/> 15 — 220 or === |
| Reflex Obtained 1 KHz | T6R <input type="checkbox"/> 0 = No 1 = Yes | T6L <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Relfex Obtained 2 KHz | T7R <input type="checkbox"/> 0 = No 1 = Yes | T7L <input type="checkbox"/> No <input type="checkbox"/> Yes |

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| ID NUMBER: | | | | | | | |
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Repeat Measurement

Right ear

Left ear

| | | | | |
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| Tympanometry Repeated | T8R | <input type="checkbox"/> 0 = No (skip to T8L) 1 = Yes | T8L | <input type="checkbox"/> 0 = No (Go to next part) 1 = Yes |
| Repeat Seal Obtained | T9R | <input type="checkbox"/> 0 = No (skip to T8L) 1 = Yes | T9L | <input type="checkbox"/> 0 = No (Go to next part) 1 = Yes |
| MEP | T10R | <input type="text"/> +200 — -312 or = | T10L | <input type="text"/> +200 — -312 or = |
| PV | T11R | <input type="text"/> 0.2 — 7 | T11L | <input type="text"/> 0.2 — 7 |
| Comp | T12R | <input type="text"/> 0.0 — 8 | T12L | <input type="text"/> 0.0 — 8 |
| TW | T13R | <input type="text"/> 15 — 220 or === | T13L | <input type="text"/> 15 — 220 or === |
| Reflex Obtained 1 KHz | T14R | <input type="checkbox"/> 0 = No 1 = Yes | T14L | <input type="checkbox"/> 0 = No 1 = Yes |
| Reflex Obtained 2 KHz | T15R | <input type="checkbox"/> 0 = No 1 = Yes | T15L | <input type="checkbox"/> 0 = No 1 = Yes |