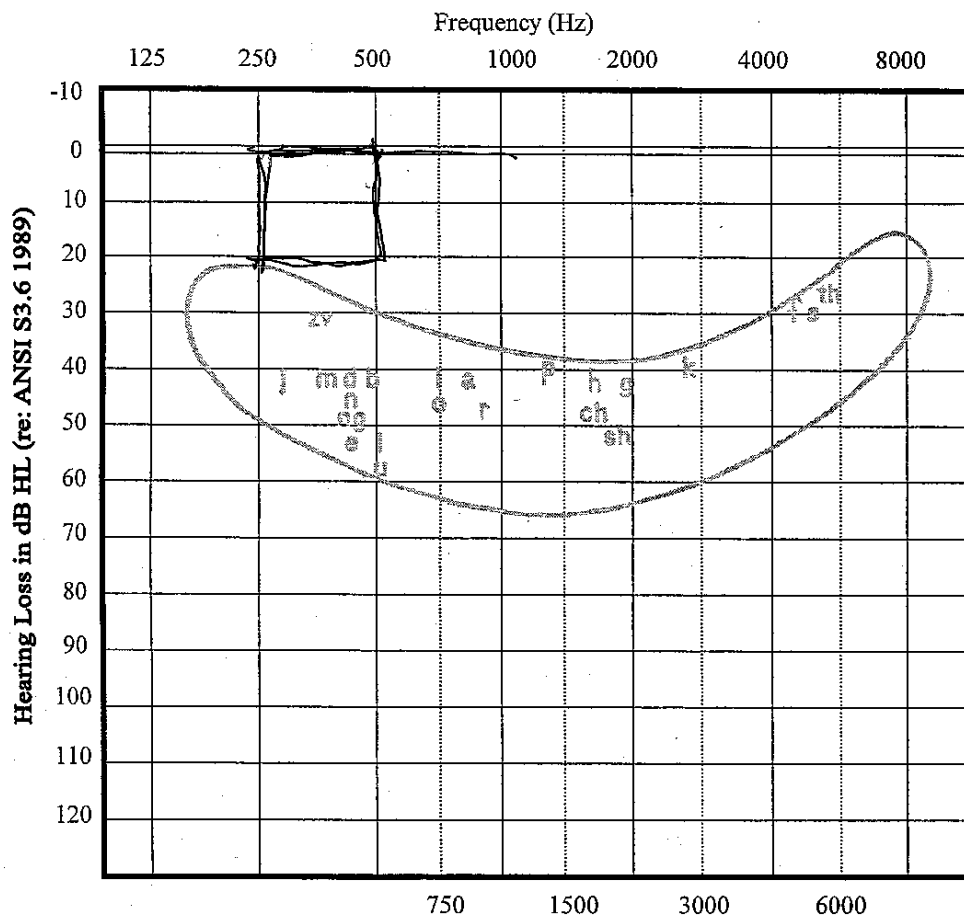


Purdue University Audiology Clinic

Audiological Assessment

Name: _____ Age: _____ M / F Clinic #: _____ Date: _____

Graduate Student: _____ Audiologist: _____



Masking	AC	R	L						
	BC	R	L						

Tympanograms							
RE	A	B	C				
LE	A	B	C				
				SC ml	MEP daPa	ECV ml	TW daPa

Clinical Impression: _____

Reflexes			
	.5K	1K	2K
Right Ipsi			
Left Contra			
Left Ipsi			
Right Contra			
Reflex Decay			
Reflex Decay			

	Right	Left
PTA	_____	_____
SRT	_____	_____
Masking	_____	_____
SDT (SF)	_____	_____
WRS	_____	_____
Level	_____	_____
Masking List	_____	_____
Full list	_____	Half list _____
MCL	_____	_____
UCL	_____	_____
CD	TAPE	MLV

DPOAE		
R	Present	Absent
L	Present	Absent

Audiometer: _____

Earphones: _____

Reliability: _____
Good Fair Poor

Technique: _____
Standard VRA Play

KEY		
	Right	Left
AC	O	X
BC	<	>
Masked AC	△	□
Masked BC	[]
No Response	↙	↘
Soundfield		S
Aided		A
UCL	UR	UL