HCHS/SOL Otoscopy Examination

ID NUMBER:									FORM CODE: OTO VERSION: A 8/21/07	Contact Occasion		SEQ #	

Acrostic: _____

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year)

0b. Staff Examiner ID: ☐☐☐

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

Measurement		Right ear		Left ear	
Otoscopy Done	01R	☐	0 = No (Skip to O1L) 1 = Yes	01L ☐	0 = No (Go to next step) 1 = Yes
Ear Canal Collapse	02R	☐	0 = No 1 = Yes 9 = Unknown	02L ☐	0 = No 1 = Yes 9 = Unknown
Drainage	03R	☐	0 = No 1 = Yes 9 = Unknown	03L ☐	0 = No 1 = Yes 9 = Unknown
Cerumen	04R	☐	0 = None 1 = Some 2 = A lot 3 = Impacted 9 = Unknown	04L ☐	0 = None 1 = Some 2 = A lot 3 = Impacted 9 = Unknown
Eardrum Position	05R	☐	0 = Normal 1 = Bulging 2 = Retracted 9 = Unknown	05L ☐	0 = Normal 1 = Bulging 2 = Retracted 9 = Unknown
Eardrum Vascularity	06R	☐	0 = None 1 = Mild 2 = Considerable 9 = Unknown	06L ☐	0 = None 1 = Mild 2 = Considerable 9 = Unknown
Perforation	07R	☐	0 = No 1 = Yes 9 = Unknown	07L ☐	0 = No 1 = Yes 9 = Unknown