



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
Reflex Obtained 2 KHz	T7R <input type="checkbox"/> 0 = No 1 = Yes	T7L <input type="checkbox"/> No <input type="checkbox"/> Yes

ID NUMBER:							
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Contact Occasion		
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SEQ #		
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Contact
Occasion

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SEQ #

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**Repeat
Measurement**

Right ear

Left ear

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