

Form C: Ling-6(HL) Scoring Sheet

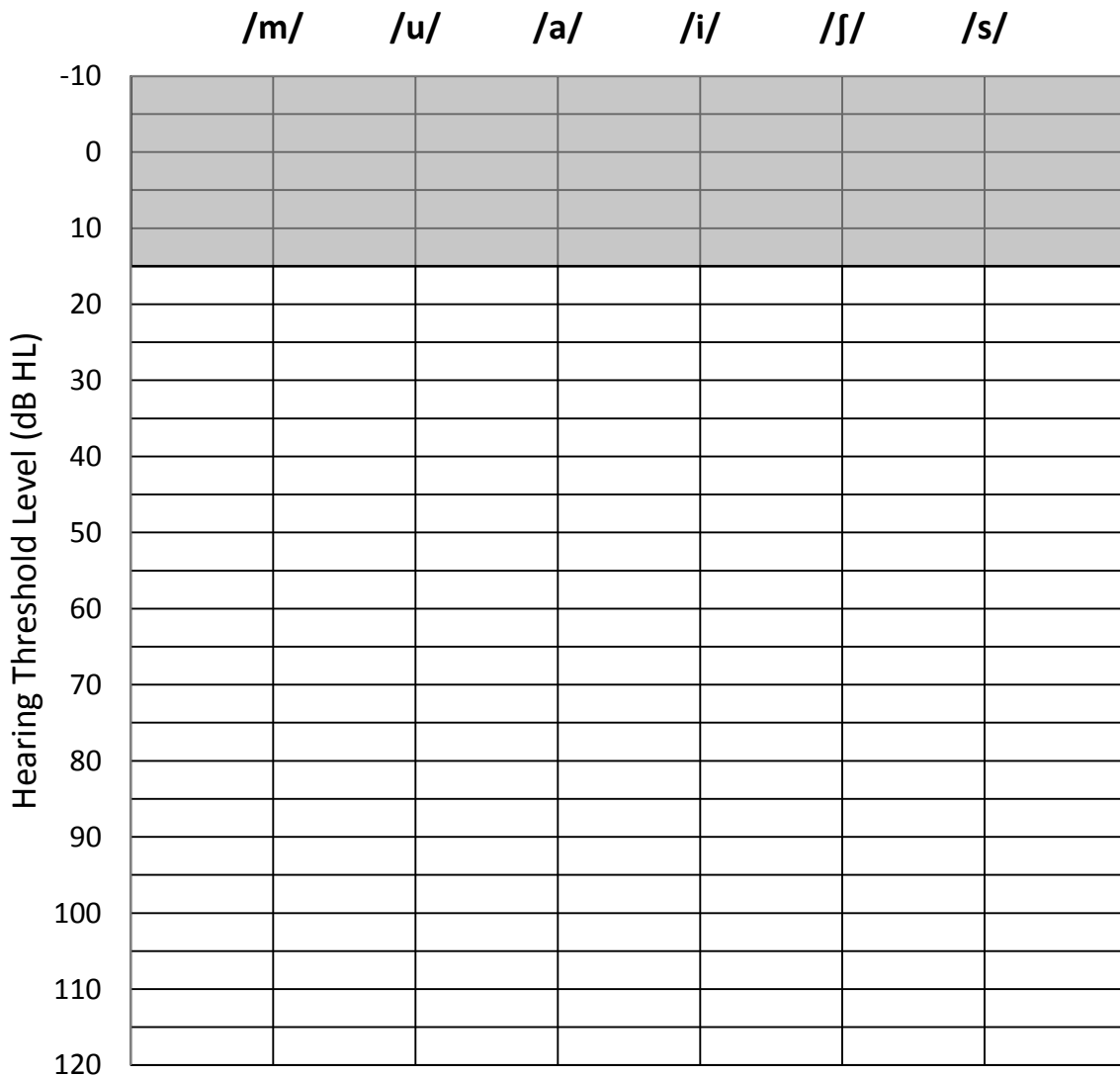
Name: _____ D.O.B: _____

Date: _____ Respondent: _____

Notes on testing conditions: _____

Test method: Standard CPA VRA
 Reliability: Good Fair Poor
 Test type: Aided Unaided CI Bone conducted BAHA
 Masking (unaided ear)? n/a Yes No

Plot the corrected threshold values in dB HL below:



Grey region shows the normal hearing range. Values assume binaural sound field testing at zero degrees azimuth.