

Instructions for COSI™ Administration

Introduction

The COSI™ is a subjective hearing aid outcome measure that is administered by the audiologist in two phases. In the first phase the patient identifies listening situations that he/she would like to have improved with new amplification. In the second phase, after the hearing aid(s) is/are fit, the change in hearing function for the identified listening situation is recorded. This change is noted descriptively among five choices ranging from “worse” to “much better.” At this time the patient is also asked to note his or her final hearing ability. Once again the patient chooses among five options. For this selection the options range from “hardly ever” to “almost always.” There is also a numerical label for each response category. Some clients relate better to these numerical alternatives. If desired for statistical purposes, the clinician can categorise each of the patient-nominated specific listening situations into one of sixteen general categories.

COSI™ Administration

Phase I: Identification of specific listening situations

During the initial hearing aid selection visit, the audiologist will ask the patient to identify up to five specific listening situations in which he/she would like to hear better. The key word in this step is “specific.” The patient should be encouraged to be as specific as possible. For example, “wanting to hear better in a noisy environment” would not be sufficiently specific. “Wanting to hear better at the dinner table” much better, but even this should be further delineated. If hearing better at the dinner table is identified, the audiologist should clarify how many people typically are at the dinner table. After a specific situation is identified, the audiologist should ask if there are any other important specific listening situations the patient would like to have improved. This step is repeated until the patient identifies between one and five specific listening situations. Each of the identified listening situations should be recorded on the COSI™ form. It can sometimes be helpful when selecting rehabilitation options to ask the patient to rank each situation in order of importance. Simply record the relative importance in the appropriate box next to the description of each specific listening situation. The most important situation would be ranked as “1”, with the second most important ranked as “2”, and so on until each situation identified by the patient is so ordered.

If the COSI™ information is going to be quantified and analysed according to listening situation, the listening category should also be recorded. Categorize each identified situation into one of the sixteen general categories listed on the COSI™ form. The category is noted in the box corresponding to the description of the specific listening situation.

Phase II. Assessment of improvement and final listening ability

- a. The audiologist should ask the patient to rate the degree of change in hearing ability for each specific listening situation identified in phase one. The patient choices are “worse,” “no difference,” “slightly better,” “better,” and “much better.” The audiologist will record the results in the appropriate box on the COSI™ form.

- b. Finally, the audiologist should ask the patient to rate his or her final ability to hear with the hearing aid(s) in each identified specific listening situation. The choices for this response are “hardly ever,” “occasionally,” “half the time,” “most of the time,” and “almost always.” If the patient prefers a numerical scale, each of these responses has a numerical equivalent on the COSI™ form. The audiologist also records these responses in the appropriate box on the COSI™ form.