



# COSI

Client Oriented Scale of Improvement

Name: \_\_\_\_\_

Audiologist: \_\_\_\_\_

Date Pre: \_\_\_\_\_

Post: \_\_\_\_\_

The patient did not return for follow-up as recommended and/or scheduled.

Could not evaluate.

<b>SPECIFIC NEEDS</b>			
Indicate the order of significance			
<b>DEGREE OF CHANGE</b>			
Worse			
No Difference			
Slightly Better			
Better			
Much Better			
<b>FINAL ABILITY (with Hearing Instrument)</b>			
Hardly Ever 10%			
Occasionally 25%			
Half the Time 50%			
Most of the Time 75%			
Almost Always 95%			