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Additional Information

Touch Keyboard



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Interacoustics



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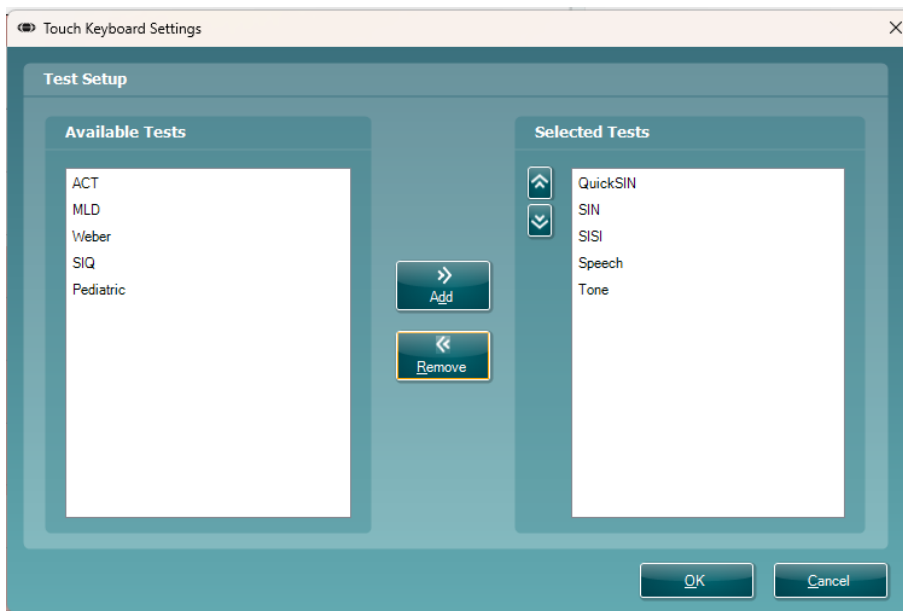
1 Introduction

The Interacoustics Touch Keyboard is an add-on keyboard to ease the workflow during audiometric assessment. The Touch Keyboard is an accessory to the Equinox Evo and the Affinity Compact audiometers. It is controlled by the Equinox Evo or the Affinity Suite software (referred to as 'Suite' henceforward). The Touch Keyboard can only be used if it is defined in the Suite in the protocol for the AC440 module setup. For further details, please consult the Instructions for Use for Equinox Evo or Affinity Compact.

2 Setup in Suite

When connecting the Touch Keyboard to the Suite, it will appear above the device connection and be ready for use. If a test screen is being shown as 'Not supported' on the Touch Keyboard, it needs to be added through settings.

For adding test screens to the Touch Keyboard, go to **Menu > Setup > Touch Keyboard Settings**.



This allows you to add and remove test screens.



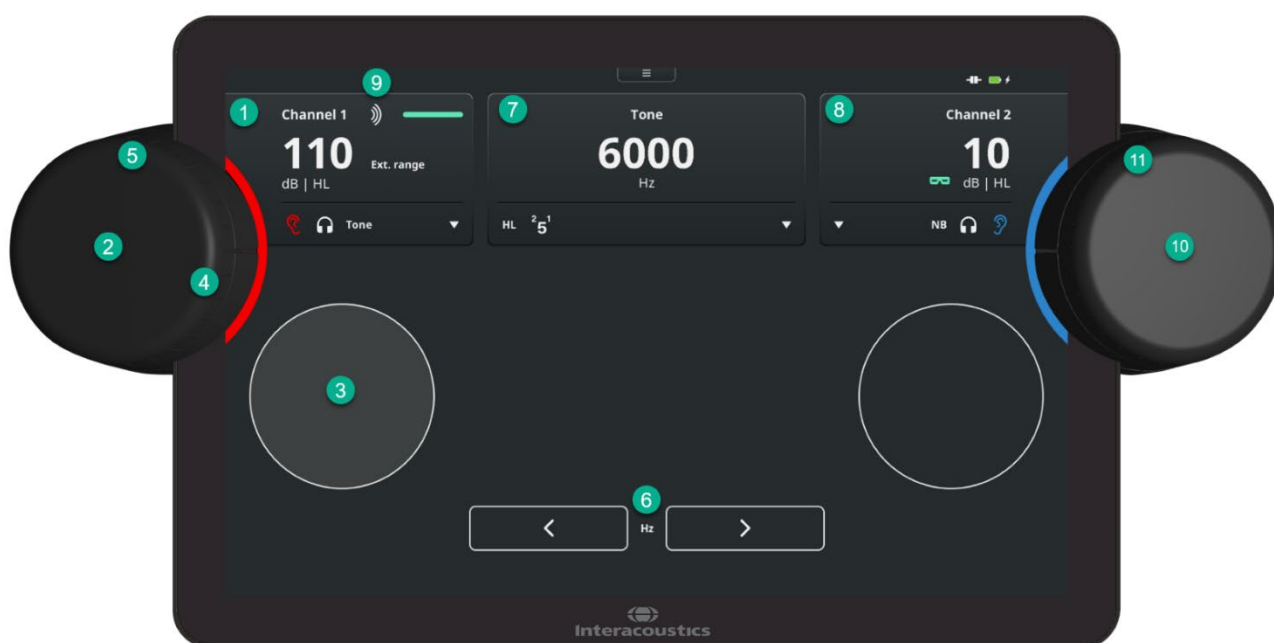
3 Tone test screen

3.1 What is tone audiometry?

Tone audiometry is performed by presenting a tone to the ear through an earphone, loudspeaker or bone conductor and measuring the lowest intensity in decibels (dB) at which this tone is perceived 50% of the time. This measurement is called threshold for air conduction or bone conduction. Masking can be applied to both the air conduction and bone conduction threshold to establish pure tone thresholds.

Instruction to patient: “You will hear tones. The tones will get fainter and fainter. Please press the button as soon as you hear the tone.”

3.2 The Tone test screen on the Touch Keyboard



- 1) Upper-left corner: See and access channel 1 settings.

Current settings are shown for:

- intensity level
- ear side
- transducer
- output

A horizontal green bar is shown, when the patient presses the patient response.

Touch the *arrow down sign* to change ear side, transducer and output type for channel 1.

- 2) Turn the left wheel to change intensity level for channel 1.
Turning clockwise will increase the intensity level.
Turning counterclockwise will decrease the intensity level.
At the level where extended range is reached, the light indicator around the wheels will flash three times (as in Affinity Suite), and by turning the dial further clockwise, you force it to move into the extended range.
- 3) Touch the *left stimulus switch* to present a stimulus.
- 4) Push the bottom button on the left wheel to store a threshold. Use a long press to store as ‘no response’.



- 5) Push the top button on the left wheel to activate and deactivate the talk forward function. Turn the left wheel to adjust the volume for the patient, when Talk Forward is activated.
- 6) Change the frequency in the bottom middle of the screen by touching the *left* or *right arrow sign* next to *Hz*.
- 7) Upper-middle part of the screen: See and access overall settings.
Current settings are shown for:
 - frequency
 - test type
 - dB step size
 - activation of aided measurementTouch the *arrow down sign* to change settings for test type, dB step size and activation of aided measurement.
- 8) Upper-right corner: See and access channel 2 settings.
Current settings are shown for:
 - intensity level
 - ear side
 - transducer and
 - output type
 - activated masking, if relevant.Touch the *arrow down sign* to change settings for ear side, transducer and output type for channel 2.
- 9) A green ring around a *stimulus switch* indicates that sound is being presented through the patient transducer.
- 10) Turn the right wheel to adjust the intensity level for channel 2.
Turning clockwise will increase the intensity level.
Turning counterclockwise will decrease the intensity level.
At the level where extended range is reached, the intensity will flash, and by turning the dial further clockwise, you force it to move into extended range.
Turn completely down to turn channel 2 off, indicated by '- -'.
When channel 2 is turned OFF, the wheel color is also turned off.
- 11) Push 11 and 5 and hold the top buttons on both wheels simultaneously for 10 seconds to turn off the Touch Keyboard.



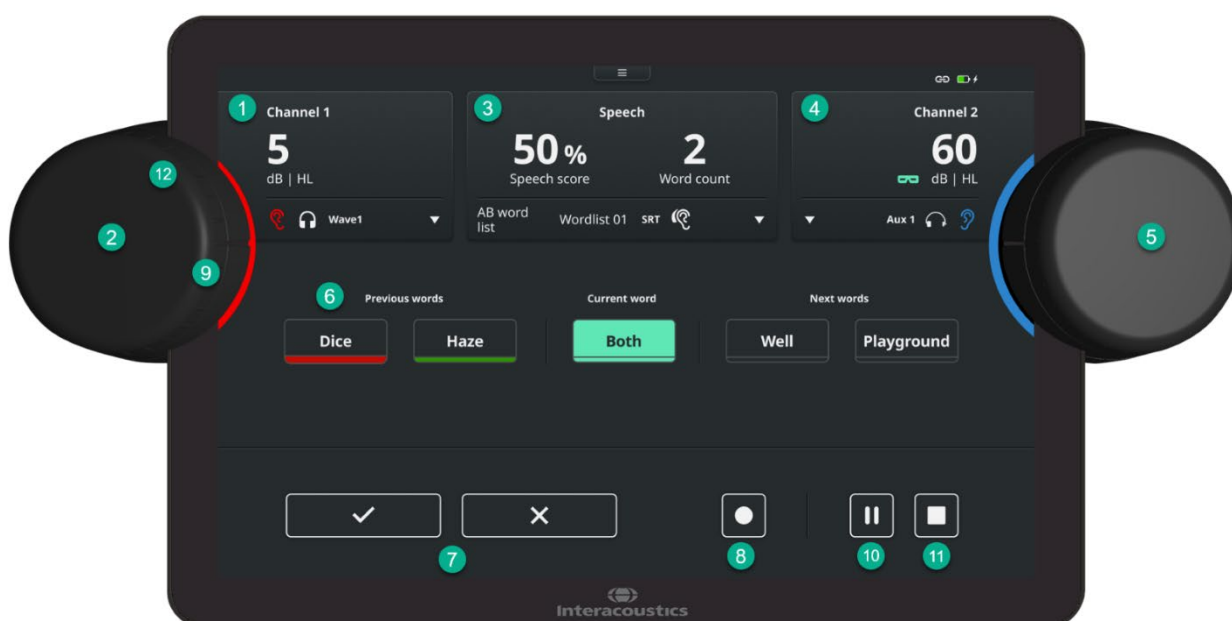
4 Speech

4.1 What is Speech Audiometry?

The main complaint of people with hearing loss is difficulties in understanding speech. Speech audiometry measures how much of the speech is understood. The results of the test are important for diagnosis of the hearing loss. It is also used to align expectations for the benefit of hearing aid use.

Speech audiometry can be performed in quiet, with or without masking noise on the opposite ear. It is also possible to measure speech in noise abilities; both speech and noise are then presented on the same ear. The speech material can be diverse and usually contains several lists.

4.2 The Speech test screen on the Touch Keyboard



- 1) Upper-left corner: See and access channel 1 settings.

Current settings are shown for:

- intensity level
- ear side
- transducer
- output

Touch the arrow down sign to change ear side, transducer and output type for channel 1.

Turn the left wheel to change intensity level for channel 1.

Turning clockwise will increase the intensity level.

Turning counterclockwise will decrease the intensity level.

At the level where extended range is reached, the intensity will flash, and by turning the dial further clockwise, you force it to move into extended range.

- 2) Upper-middle part of the screen: See and access overall settings.

Current settings are shown for:

- results, e.g. speech score and word count
- speech material
- test type
- activation of aided measurement



Touch the *arrow down sign* to choose speech material, change test type, and activation or deactivation of aided measurement.

- 3) Upper-right corner: See and access channel 2 settings.

Current settings are shown for:

- intensity level
- ear side
- transducer
- output type
- activation of masking, if relevant

Touch the *arrow down sign* to change settings for ear side, transducer and output type for channel 2.

- 4) Turn the right wheel to adjust the intensity level for channel 2.

Turning clockwise will increase the intensity level.

Turning counterclockwise will decrease the intensity level.

At the level where extended range is reached, the intensity will flash, and by turning the dial further clockwise, you force it to move into extended range.

Turn completely down to turn channel 2 off, indicated by '- -'.

When channel 2 is turned OFF, the wheel color is also turned off.

- 5) Middle part of the screen: Current speech material is shown.

Green and red underlining indicate correct and incorrect repetition, respectively.

Green box indicates that the word is being played in the patient transducer.

- 6) Word scoring: Use v and x button for correct and incorrect repetition, respectively.

Phoneme scoring: Use the numbers 0-4 to indicate the number of correctly repeated phonemes.

- 7) Store the measurement results with the touch button.

- 8) Alternatively, store the measurement results with the bottom push button on the left wheel.

- 9) Start and pause the measurement with the pause/play button.

- 10) Stop the measurement with the  button.

Push the top button on the left wheel to activate and deactivate the Talk Forward function.

Turn the left wheel to adjust the volume for the patient when Talk Forward is activated.

Push and hold the top buttons on both wheels simultaneously for 10 seconds to turn off the Touch Keyboard.

- 11) The light next to the wheels indicates to which ear the sound is played:

Red = right ear

Blue = left ear

Lilac = both ears

Green = during Weber test

When channel 2 is turned OFF, the wheel color is also turned off.

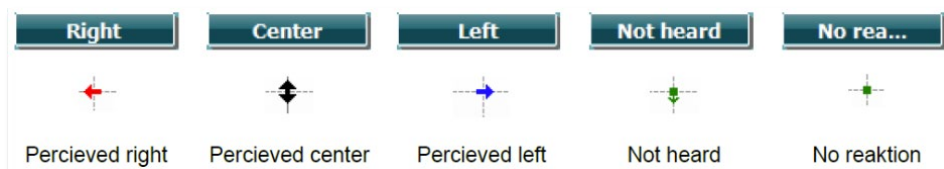


5 Weber

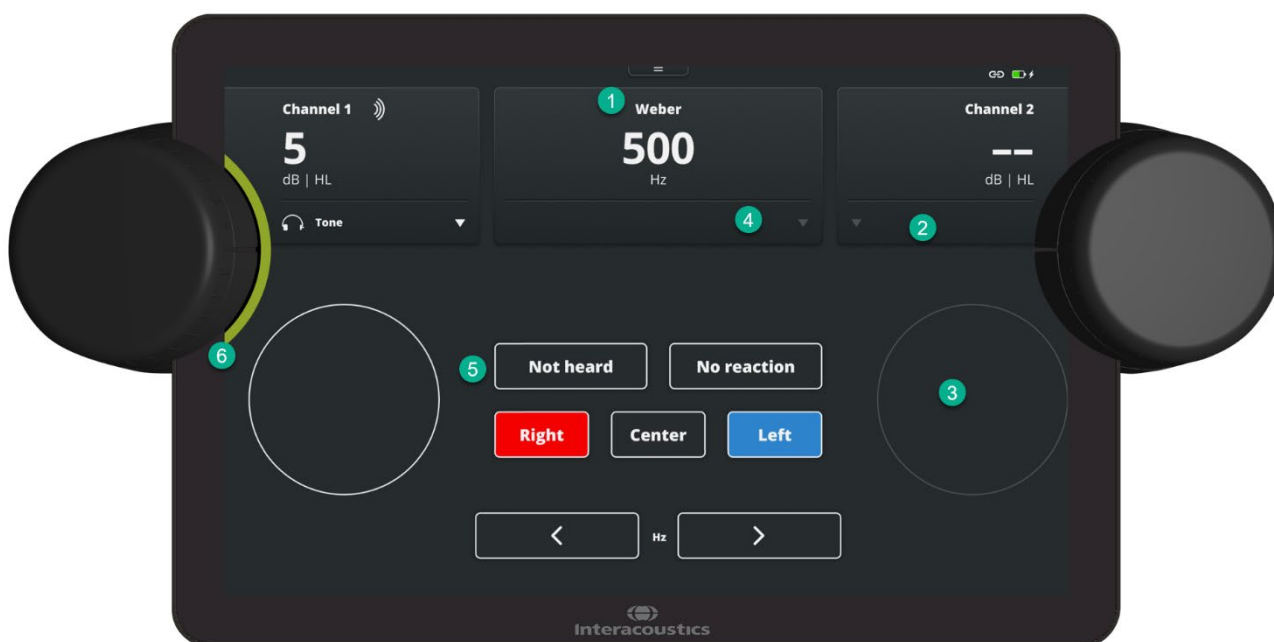
5.1 What is the Weber test?

The Weber test is used to establish whether middle ear problems contribute to the hearing loss through use of a bone conductor placed on the forehead or mastoid of the patient. Tones are presented, and the patient indicates if the tones are heard best to the right, left, center or not heard at all.

The following symbols are used.



5.2 The Weber test on the Touch Keyboard



- 1) Name of the test: Weber.
- 2) Channel 2 is inactive. The - - signs indicate that no sound is played through channel 2.
- 3) Stimulus button for channel 2 is inactive.
- 4) Overall settings are not available.
- 5) Response options. Each response option has its own symbol in the audiogram, controlled by the Suite.
- 6) The green color indicates bone conduction. It is only used for the Weber test.



6 MLD

6.1 What is the Masking Level Difference (MLD) test?

The masking level difference (MLD) is the improvement in detecting a tone or speech in noise when the phase of the tone or the noise is reversed by 180 degrees. It is a low frequency phenomenon, related to the ability of the auditory system to perceive differences in timing of a sound reaching the two ears.

The MLD is measured by presenting a low frequency pulsed tone with simultaneous presentation of the corresponding narrow band noise, starting at an intensity of 60 or 65dB to both ears. The first condition should be to find the threshold for the homophasic condition (referred to as SON0). The next step is to measure the antiphase condition, either presenting the tone out of phase or the noise out of phase and the masked threshold is determined again.

Instructions to the patient: "You will hear tones and noise. The tones will sometimes be faint. Press and hold the response button whenever you hear the tone. Let go of the response button, when you don't hear the tone".

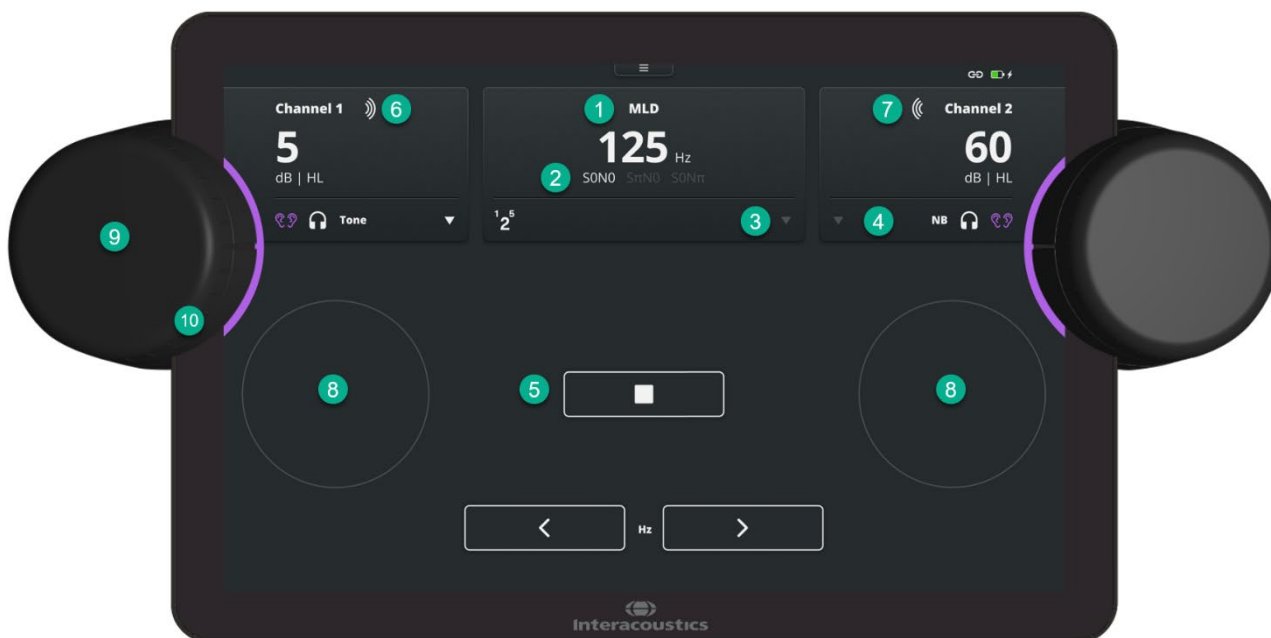
6.2 MLD on the Touch Keyboard

The MLD test is implemented in the Equinox Evo Suite as it is in the Diagnostic Suite (for the Affinity Suite it only exists in View Mode):

When MLD test is chosen and started (press Play), channel 1 sends a pulsed tone binaurally, and channel 2 sends narrowband noise binaurally.

The Touch Keyboard layout for the MLD is a derivative from Tone test screen.

Additional buttons in comparison to Tone test screen: Start/Stop.



- 1) Name of the test: MLD.
- 2) The 3 test conditions. Selected condition is highlighted.
- 3) Overall settings cannot be changed.
- 4) Channel 2 settings are shown on the main screen but cannot be changed.
- 5) Play/Stop button.



- 6) Visible indication of the pulsating tone. Icon is pulsating.
- 7) Visible indication of the NB noise playing.
- 8) Left and right stimulus switch are deactivated, therefore greyed out.
- 9) Turn the left wheel to adjust the intensity level for channel 1.
- 10) Press the bottom push button on the left wheel to store the MLD threshold.



7 SISI

7.1 What is the short increment sensitivity index (SISI) test?

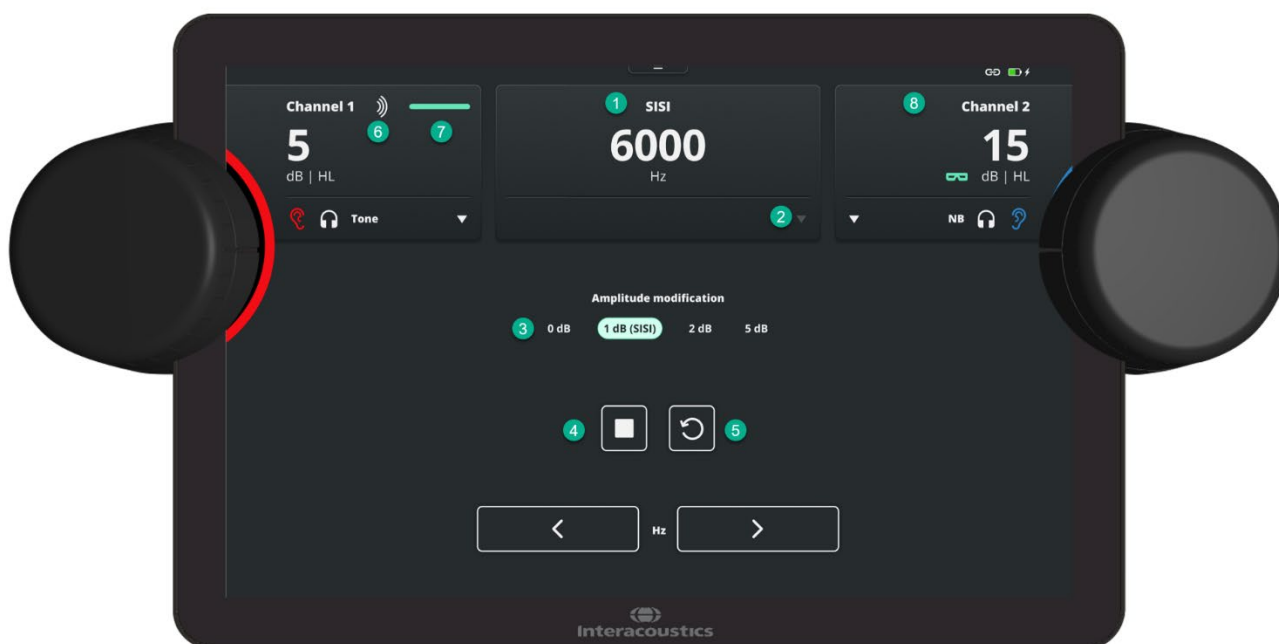
The short increment sensitivity index (SISI) test measures the ability to recognize 1 dB increases in intensity during a series of bursts of pure tones presented 20 dB above the pure tone threshold for the test frequency. It can be used to differentiate between cochlear and retro cochlear disorders, as a patient with a cochlear disorder will be able to perceive the increments of 1 dB, whereas a patient without cochlear pathology conditions disorder will not.

In the SISI test the patient hears a steady tone in his ear for about two minutes. The steady tone is always 20 dB above threshold. Every 5 seconds the intensity jumps exactly 1 dB for two tenths of a second. If the patient hears the jump, he pushes a button.

Results can be interpreted as:

- 75%-100% correct = high (cochlear loss) or positive for cochlear pathology conditions
- 20-70% correct = inconclusive or negative for cochlear pathology conditions
- <20% = low (retro cochlear loss) or negative for cochlear pathology conditions

7.2 SISI on the Touch Keyboard

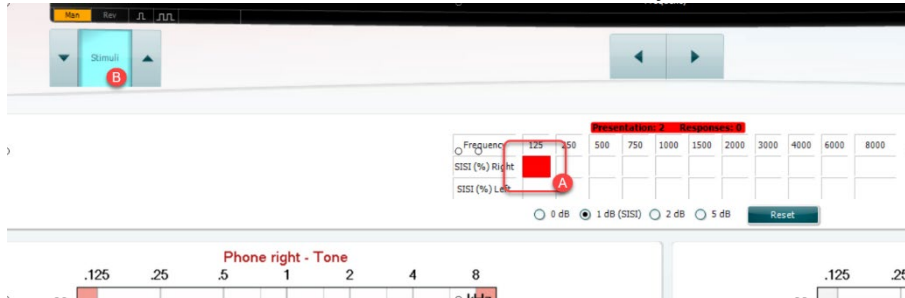


- 1) Name of the test: SISI.
- 2) Overall settings cannot be changed.
- 3) Test conditions. Selected condition is highlighted.
- 4) Play/Stop button.
- 5) Reset button. Corresponds to the 'Reset' button in the Suite.



6) **N.B.! Visible indication of the stimulus presentation.**

In the Suite, the icon links to A and not to B, as it usually does.



7) Patient response.

8) Channel 2 will normally be in OFF, but can be activated.

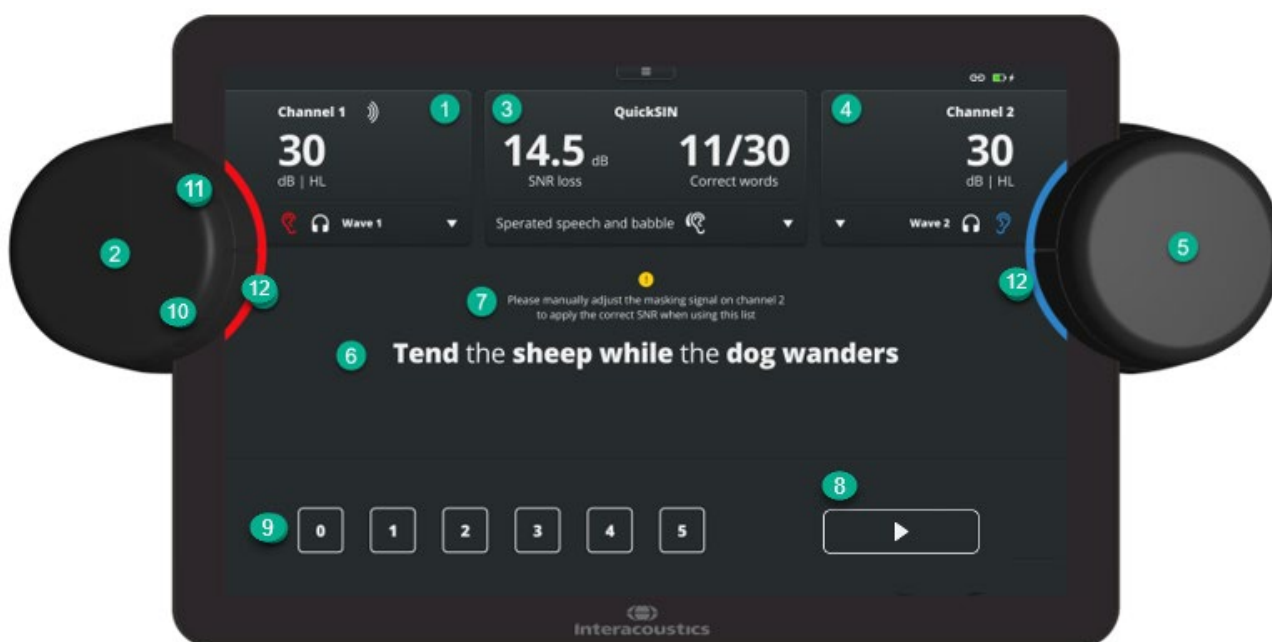


8 QuickSIN

8.1 What is the QuickSIN test?

The QuickSIN test provides a quick estimate of SNR loss. A list of six sentences with five key words per sentence is presented in a four-talker babble noise. The sentences are presented at pre-recorded signal-to-noise ratios which decrease in 5-dB steps from 25 (very easy) to 0 (extremely difficult). The SNRs used are: 25, 20, 15, 10, 5 and 0, encompassing normal to severely impaired performance in noise.

8.2 QuickSIN on the Touch Keyboard



- 1) Upper-left corner: See and access channel 1 settings.
Current settings are shown for:
 - intensity level
 - ear side
 - transducer
 - outputIn example here, a sound is being presented to the patient.
Touch the *arrow down sign* to change ear side and transducer for channel 1.
- 2) Turn the left wheel to change intensity level for channel 1.
Clockwise turning will increase the intensity level.
Turning counterclockwise will decrease the intensity level.
At the level where extended range is reached, the intensity will flash, and by turning the dial further clockwise, you force it to move into extended range.
- 3) Upper-middle part of the screen: See and access overall settings.
Name of test screen is shown: QuickSIN.
Current settings are:
 - SNR loss in dB: Shows '- ' before and during test. Shows result, e.g. 14.5 dB, after test is completed.
 - correct words: Shows '- ' before test. During and after the test it shows e.g. 11/30. Please note: the '30' is a fixed number.
 - speech list
 - aided measurement, only if activated



Touch the *arrow down sign* to choose speech list, change test type, and activation or deactivation of aided measurement.

- 4) Upper-right corner: See and access channel 2 settings.

Current settings are shown for:

- intensity level
- ear side
- transducer
- output type
- activation of masking, if relevant.

Touch the *arrow down sign* to change settings for ear side and transducer for channel 2.

- 5) Turn the right wheel to adjust the intensity level for channel 2.
Clockwise turning will increase the intensity level.
Counterclockwise turning will decrease the intensity level.
At the level where extended range is reached, the intensity will flash, and by turning the dial further clockwise, you force it to move into extended range.
To turn channel 2 OFF: turn completely down.
- 6) The current sentence of the speech list is shown.
N.B.: keywords are shown in GREEN on the Touch Keyboard and in BOLD in the Suite.
- 7) Message to the user. Only visible when certain speech lists of the QuickSIN are selected. This is already implemented in the Suite.
- 8) Start and stop the measurement with the play/stop button.
- 9) Score number of correct repeated words. When the stimulus (sentence) is playing, the numbers are inactive and greyed out.
- 10) Push button is deactivated (normally it is where you score a result)
- 11) Push the top button on the left wheel to activate and deactivate the talk forward function.
Turn the left wheel to adjust the volume for the patient when Talk Forward is activated.
- 12) The light next to the wheels indicates to which ear the sound is played:
Red = right ear
Blue = left ear
Lilac = both ears.



9 SIQ

9.1 What is the Speech in Quiet (SIQ) test?

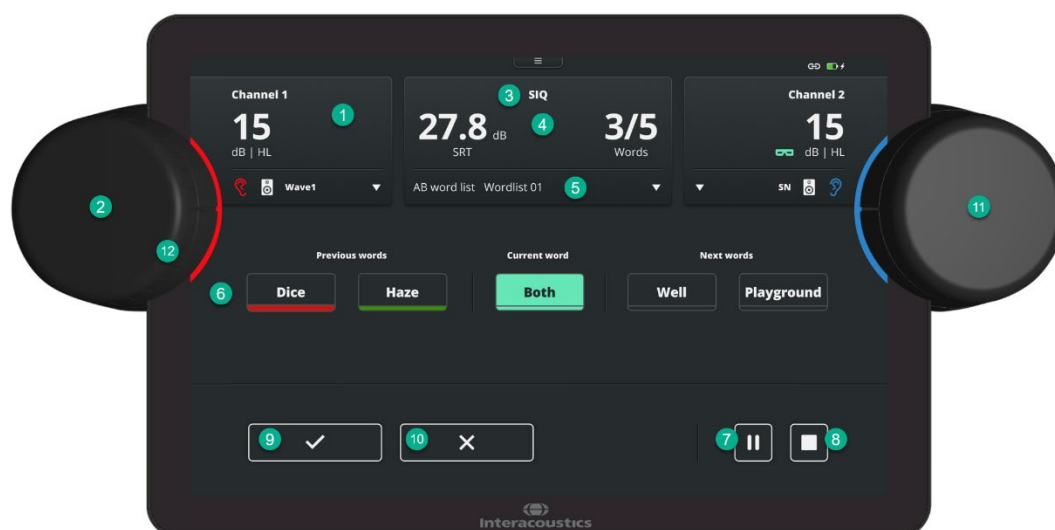
Speech (typically words) is presented in the absence of background noise. The resulting SRT shows at what intensity level 50% of the speech was understood.

The SIQ test is designed to be performed via loudspeaker as it is a free field test. However, it can be presented monaurally via selection of headphones and routing the signal to the relevant ear-side.

The SIQ test is very similar to Speech Audiometry and can use any of the materials you have already ripped into your Interacoustics Suite software. However, the stimulus intensity is automatically by the software following a correct or incorrect response to the stimulus.

Ensure that your Audiometry has been performed ahead of advancing into the SIQ test as this determines the start level for the test. Start level can be changed if you find it relevant.

9.2 SIQ on the Touch Keyboard



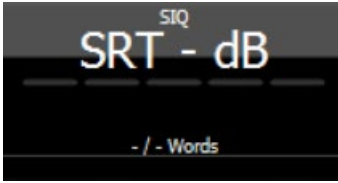
- 1) Upper-left corner: See and access channel 1 settings.

Current settings are shown for:

- intensity level
- ear side
- transducer
- input

Touch the *arrow down sign* to change ear side, transducer and input type for channel 1.

- 2) Turn the left wheel to change intensity level for channel 1.
Clockwise turning will increase the intensity level.
Counterclockwise turning will decrease the intensity level.
At the level where extended range is reached, the intensity will flash, and by turning the dial further clockwise you force it to move into extended range.
- 3) Name of test: SIQ.
- 4) Results and progress: SRT and Words.
Is shown as '- -' when test is not started yet.
Links to the Affinity Suite as follows:



- 5) Selection is shown for:
 - speech material (always)
 - list (always)
 - binaural test symbol (only if selected)
 - aided (only if selected)

- 6) Selected speech material is displayed.

Red underlining: scored as incorrect.
Green underlining: scored as correct.
Light green box containing word: current word.

- 7) Start/Pause button.
N.B: This links to 2 separate buttons in the Suite:



- 8) Stop button.
- 9) Score as 'Correct'.
- 10) Score as 'Incorrect'.
- 11) Turn the right wheel to adjust the intensity level for channel 2 if masking is needed. Usually, channel 2 will be turned off though: Turn completely down to turn off. Clockwise turning will increase the intensity level. Counterclockwise turning will decrease the intensity level. At the level where extended range is reached, the intensity will flash, and by turning the dial further clockwise, you force it to move into extended range.
- 12) Push lower button to store results.



10 SIN

10.1 What is the speech in noise (SIN) test?

The SIN test is a method of testing a patient's functional hearing in the presence of competing sound (Taylor, 2003). The objective of this is to identify their functional hearing ability and higher processing which allows them to sort between useful (speech/signal) and irrelevant (noise/masking) information (Taylor, 2003). The outcome of this investigation will give a Speech Recognition Threshold (SRT) for a varying Signal to Noise Ratio (SNR).

This type of testing is different from Tone Audiometry as it involves higher areas of the auditory pathway as the information needs to be heard, sorted and understood in order to determine if it is useful or not (Marrone et al., 2008).

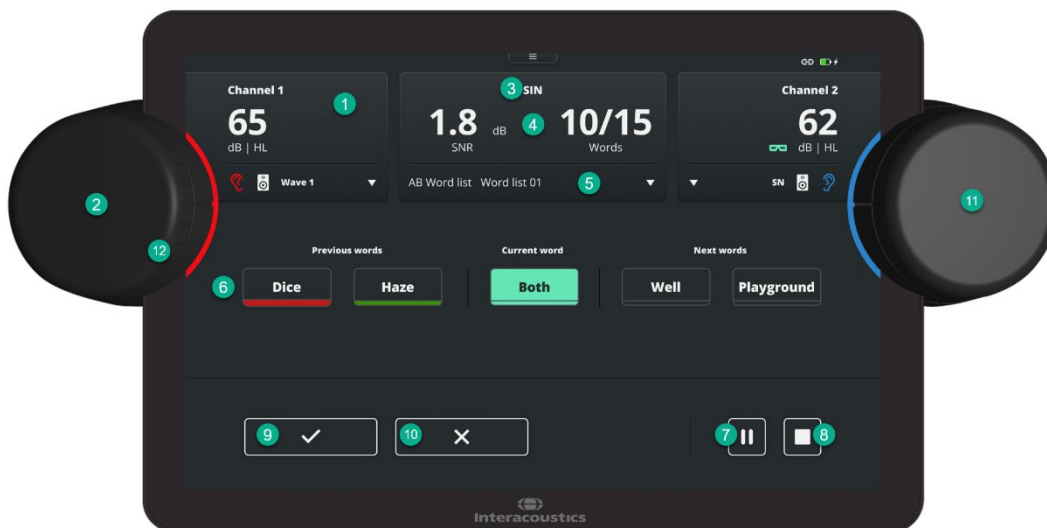
The SIN test is designed to be performed via loudspeaker as it is a free field test. However it can be configured to perform monaurally via selection of headphones and routing the masking to the same output. The SIN test is very similar to Speech Audiometry and can use any of the materials you have already ripped into your Interacoustics Suite software. However the Signal-to-Noise Ratio is maintained automatically by the software following a correct or incorrect response to the stimulus, this helps to speed up the test time.

10.2 SIN on the Touch Keyboard

The only differences between the SIQ and SIN layout and linking to the Suite lie in:

- The name
- The results,
- and Binaural option for channel 2.

The rest is identical to the SIQ.



- 1) Upper-left corner: See and access channel 1 settings.
Current settings are shown for
 - intensity level
 - ear side
 - transducer
 - input

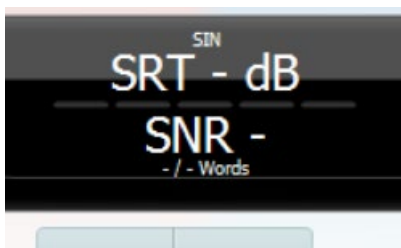
Touch the *arrow down sign* to change ear side, transducer and input type for channel 1.



- 2) Turn the left wheel to change intensity level for channel 1.
Clockwise turning will increase the intensity level.
Counterclockwise turning will decrease the intensity level.
At the level where extended range is reached, the intensity will flash, and by turning the dial further clockwise, you force it to move into extended range.
- 3) Name of test: SIN.
- 4) Results and progress: SNR and Words
Is shown as '- -' when test is not started yet.

Links to the Affinity Suite as follows:

- SIN = test name
- SRT: is NOT linked to and displayed on the Touch Keyboard
- SNR is displayed on the Touch Keyboard



- 5) Selection is shown for
 - speech material (always)
 - list (always)
 - binaural test symbol (only if selected)
 - aided (only if selected)
- 6) Selected speech material is displayed.
Red underlining: scored as incorrect.
Green underlining: scored as correct.
Light green box containing word: current word.
- 7) Start/Pause button.
N.B.: This links to 2 separate buttons in the Suite:



- 8) Stop button. Stops the test and stores the results.
- 9) Score as 'Correct'.
Alternatively, press bottom push button to score as 'Correct'.
- 10) Score as 'Incorrect'.
- 11) Turn the right wheel to adjust the intensity level for channel 2 if masking is needed.
Usually, channel 2 will be turned off though: Turn completely down to turn off.
Clockwise turning will increase the intensity level.
Counterclockwise turning will decrease the intensity level.
At the level where extended range is reached, the intensity will flash, and by turning the dial further clockwise, you force it to move into extended range.



12) Push the lower button to store results. Equivalent to stop button (see number 8).



11 Pediatric Screen

11.1 What is the Pediatric screen?

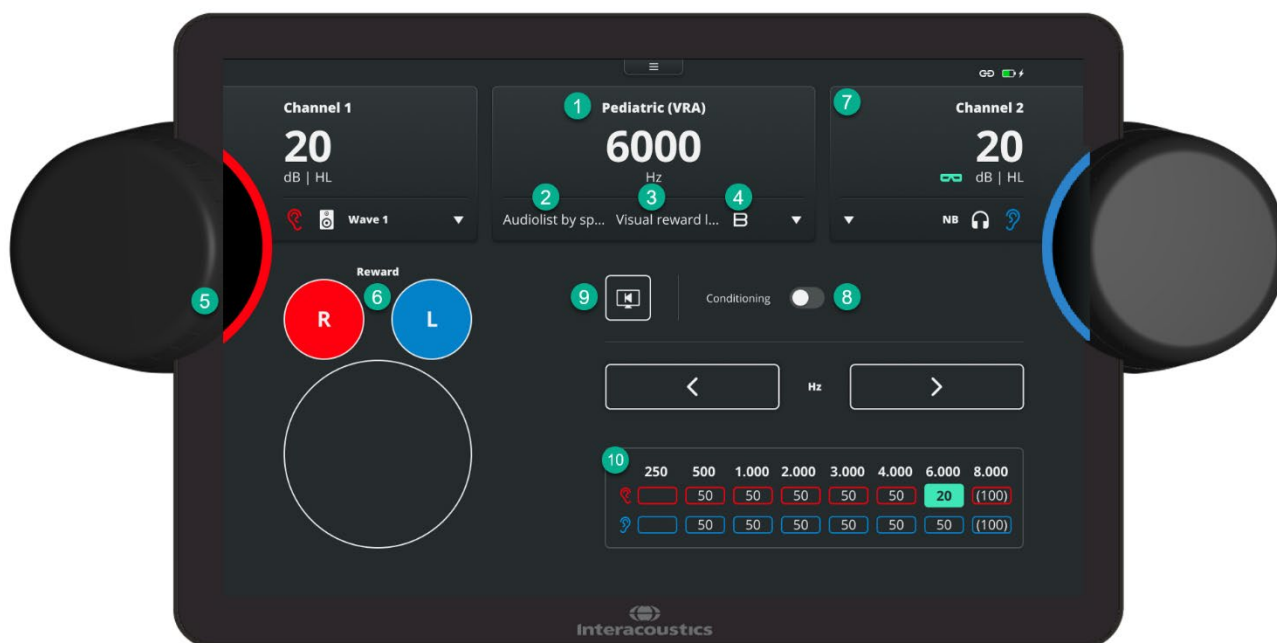
The Pediatric screen is designed for patients with a developmental age between 7 months and around 3 years. These patients cannot yet sit still, concentrate on listening to tones, and push a response button when a tone is heard.

Instead, they may be offered a broader range of sounds tailored to their individual interests. This approach keeps their attention, so they respond to the sounds when they hear them.

Young children demonstrate a head-turning response, and a Visual Reinforcement Audiometry (VRA) system conditions and strengthens this behavior to establish whether a sound is heard. When the child turns their head toward a sound, they receive a reward, teaching them that something interesting happens when a sound is detected. The 'something interesting' can be a puppet that starts moving (analogue VRA) or an animation on a screen (digital VRA).

The Pediatric screen on the Touch Keyboard supports analogue VRA systems (connected to the VRA socket on the Equinox Evo) or a digital VRA system, but only one system at a time. The digital VRA is an integration of the IA VRA Pure in the Suite, supporting two screens connected to the PC (and not to the Equinox Evo).

11.2 The Pediatric screen on the Touch Keyboard



- 1) Name of the test: *Pediatric* or *Pediatric (VRA)*. (VRA) is added to the name, when a VRA system – either analogue or digital - is connected to the Equinox Evo.
- 2) Name of the wavefile playlist with frequency filtered sounds generated with the Speech Tool.
- 3) Name of the VRA video playlist that contains the videos played on the left or right screen (only shown when the digital VRA system is connected).
- 4) Symbol to show that binaural test symbol is used in the audiogram. Only active when Free Field transducer is chosen (controlled by the Suite).



- 5) Push the bottom button on the left wheel to store a threshold.
Use a long press to store as 'no response'.
- 6) Press R to activate reward identified with right side.
Press L to activate reward identified with left side.
Right-Left rewards can be for both analogue and digital VRA.
Rewards are logged in the tic sheet, as /✓ or X/. If conditioning is turned on, rewards are logged in the tic sheet as /c/.
- 7) Channel 2 is active and can be used for masking.
- 8) Conditioning toggle-function. When on, the reward is logged in the tic sheet as /c/
- 9) A once-more button. If this button is pressed, the next reward to be played will be the same as the last one.
N.B.: Button is greyed out when no VRA system is connected or if VRA system is analogue, e.g. VRA201 or toybox of other manufacturer.
- 10) Audiogram table showing results: Stored thresholds are transferred from the Suite to the audiogram table on the Touch Keyboard.
The table itself is unresponsive to touch.



12 ACT

12.1 What is the ACT test?

The ACT diagnostic test is an above-threshold, non-language specific test that quantifies a person's real-world ability to hear in noise.

The test applies the shape and levels of the audiogram to ensure the correct stimulus intensity is applied. When we get an audiogram, it allows us to objectively map out a person's hearing thresholds. ACT then applies this person's audiogram to deliver an above-threshold stimulus (a siren-like sound) to objectively map their hearing-in-noise ability.

In other words, where the audiogram measures the quantity of hearing, ACT measures the quality of hearing. This way, we have a robust assessment that reflects a person's real-world hearing abilities.

Once you have obtained the ACT value, you can use it to counsel your client on their speech-in-noise ability. It also provides you with advice on how best to support your client to hear better in noisy environments.

ACT is performed unaided. However, due to the test being conducted at above-threshold intensity, you can get a clearer understanding of how well your client will perform with hearing aids when in noisy situations. There is also the possibility to prescribe help in noise in selected hearing aids.

The ACT value is denoted as dB nCL which stands for 'normalized Contrast Level.' This is a novel scale developed by the research team at the Interacoustics Research Unit (IRU). In brief, the background definition of nCL stands for:

- **n** (normalized): the scale is normalized based on normative data acquired from young, normally hearing people
- **C** (contrast): clients are detecting a contrast in the modulation of a signal
- **L** (level): this is a dB measure and is denoted as such

Pre-test counselling guidance

You can perform ACT on any adult client that you deem suitable to perform pure tone audiometry. It may be useful to counsel the client on the reason for performing ACT. Here, you will find an example script.

"We will perform a test called ACT. The result from this test will clarify your abilities to hear in background noise. This can be challenging, particularly if you have a hearing loss. So, performing this test will help me to know to what degree this is also a challenge for you."

Required equipment

To perform an ACT test, you will need:

- Equinox Evo
- Patient response button
- Connected PC and keyboard
- Headphones or insert earphones
- Licensed AC440 audiometry module including an ACT license

Points to note

It is recommended that you listen to the acoustic stimuli over monitor headphones during the test. This will help you to present the target stimuli in an unpredictable manner.

To perform ACT, you must complete an audiogram for air conduction at the following frequencies:

- 250 Hz, 500 Hz, 1000 Hz, 2000 Hz, 4000 Hz
- Inter-octave frequencies will be considered in ACT testing if they have been completed.

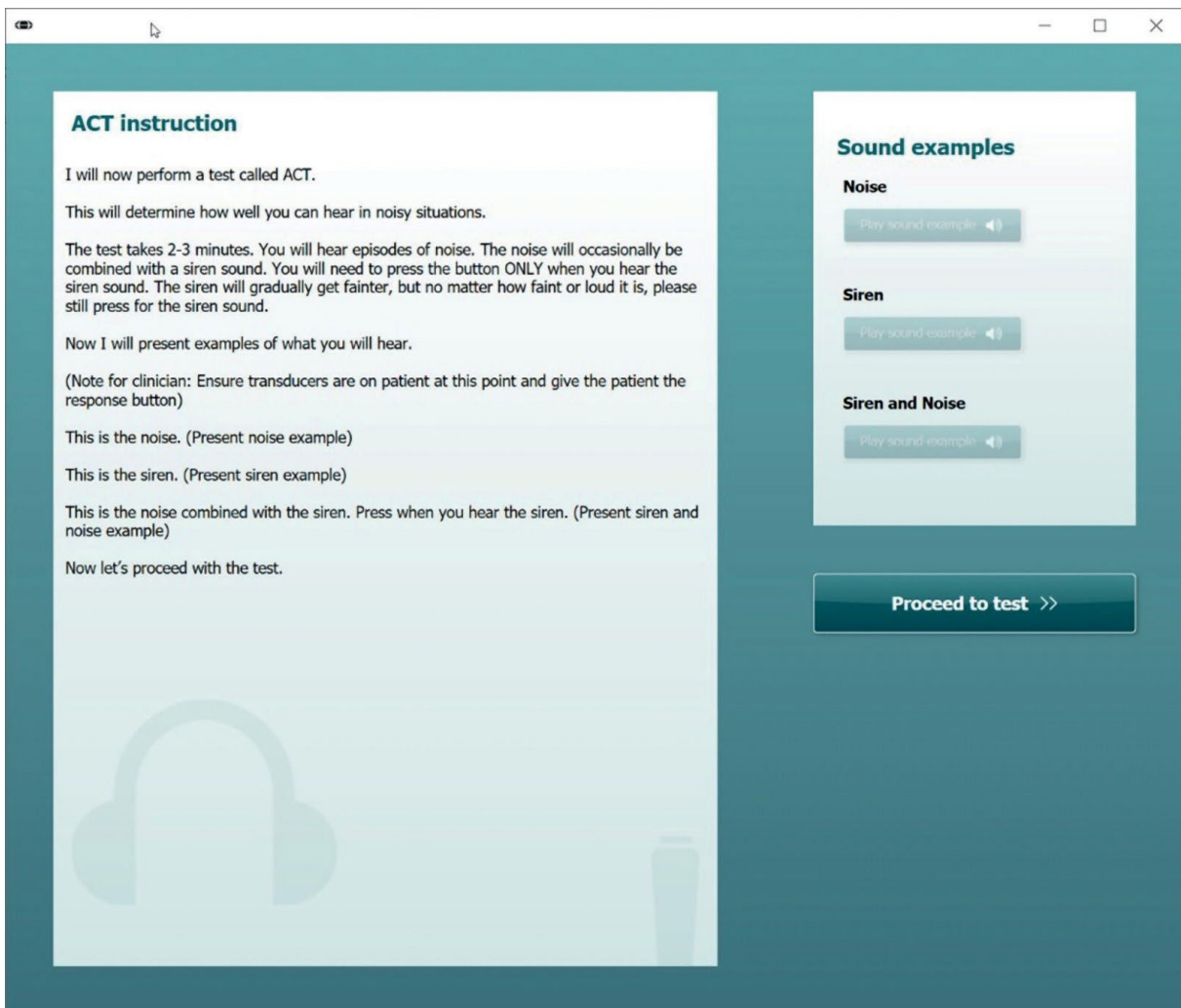
Should the following notification appear: *'Insufficient data to complete the test'*, please ensure all mandatory thresholds have been stored for both ears. A 'no response' will be factored into the ACT test, but a 'Could not test' or 'Did not test' will be excluded and you will not be able to complete the ACT test.

When in simulation mode of the Suite, it is only possible to view historical data.



12.2 ACT test procedure

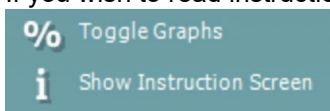
- 1) Launch your Equinox Suite into AUD mode.
- 2) Ensure there is an audiogram inserted into the current session.
- 3) Click on 'Menu'.
- 4) Click on 'Test.'
- 5) Select ACT.
- 6) The ACT instructions will pop up in a separate window in the Suite.
- 7) Read the instructions to the client.
- 8) Use the 'sound examples' to demonstrate and explain the test procedure. You can play these sound examples as many times as is necessary to familiarize the client.
- 9) Once you are confident that the client has understood the test, click 'Proceed to test'.



ACT instruction



If you wish to read instructions again at any point, click on 'i' in the left-hand menu.



Show instruction screen

- 10) Press START.
 - a. A sequence of noise episodes will start.
 - b. You perform the test in the same way as pure tone audiometry using the HughsonWestlake adaptive method (2 down, 1 up) with a 3 out of 5 criteria, as described in the ACT flowchart.
 - c. Present the stimulus by clicking once on your chosen presentation key. If you press 'spacebar' to present a stimulus, press this once. DO NOT press and hold.
 - d. A black dot appears automatically when the client correctly hears the target stimulus.
 - e. A white dot appears automatically when the client has not heard the stimulus or has not responded in the viable time frame.

OPTIONAL: If you are not confident that your client knows when to respond after presenting the sound examples within the instruction box, try starting the test and perform 3 presentations at 16 dB nCL. Then continue as in step 10.

- 11) Once the required number of thresholds has been reached to produce an ACT value, the test will automatically stop. The calculated ACT value is then stored in the middle of the green band across the screen.

Points to consider:

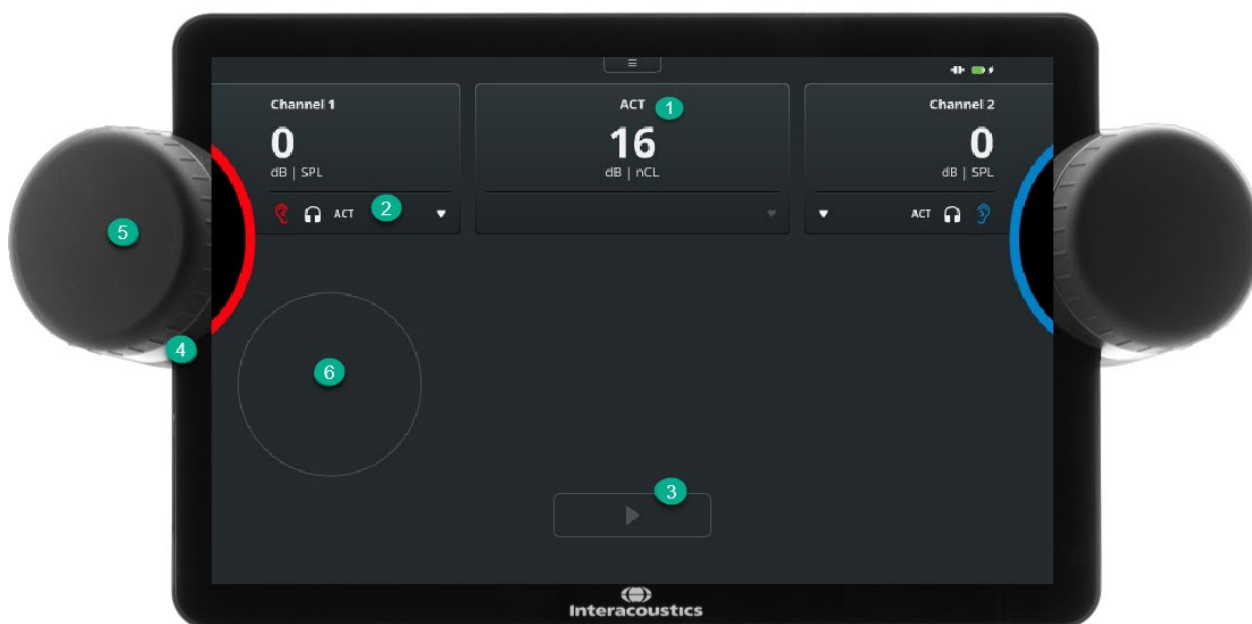
- You can stop the test at any point by pressing the 'STOP' button.
- If the test exceeds 25 presentations (indicated as a line on the trace), there is a higher risk of client fatigue.

Please refer to the Instructions for Use for Equinox Evo for more information.

Please note that the ACT screen on the Touch Keyboard is limited.



12.3 The ACT screen on the Touch Keyboard



- 1) Name of the test: ACT.
- 2) Touch the *arrow down sign* to change ear side or transducer.
- 3) Start and stop the ACT test.
- 4) Push the bottom button on the left wheel to store a threshold.
- 5) Turn the dial to change the dB nCL levels (Shown under the name).
- 6) Touch the stimulus switch to present a stimulus.