The Hearing Aid Follow Up Survey (HAFUS) prefitting version.

Please circle the answers that come closest to your everyday experience. If you wear hearing aids, please answer the way you hear without them. For example, if you strongly agree with a statement, circle "A" for that item.	Strongly Agree	Strongly Disagree	Not Applicable
I can hear clearly when:			
Q9 talking to 1 other person in a quiet room.	A B C D	E F G	N/A
Q10 talking to 1 other person in a noisy room.	A B C D	E F G	N/A
Q11 talking to a small group in a quiet room.	A B C D	E F G	N/A
Q12 talking to a small group in a noisy room.	A B C D	E F G	N/A
Q13 talking to 1 other person in a car.	A B C D	E F G	N/A
Q14 talking on the telephone.	A B C D	E F G	N/A
Q15 at a meeting or in church.	A B C D	E F G	N/A
Q16 in a busy restaurant.	A B C D	E F G	N/A
Q17 watching TV.	A B C D	E F G	N/A
Q18. My hearing difficulty reduces my quality of life.	A B C D	E F G	N/A