SATISFACTION WITH AMPLIFICATION IN DAILY LIFE

NAME ______________________________ **DATE OF BIRTH** ____/____/____ **TODAY'S DATE** ___/___/____

INSTRUCTIONS

Listed below are questions on your opinions about your hearing aid(s). For each question, please circle the letter that is the best answer for you. The list of words on the right gives the meaning for each letter.

Keep in mind that your answers should show your general opinions about the hearing aids that <u>you are wearing now or have most recently worn.</u>

A Not At All
B A Little
C Somewhat
D Medium
E Considerably
F Greatly
G Tremendously

#	Question	Answer
1.	Compared to using no hearing aid at all, do your hearing aids help you understand the people you speak with most frequently?	A B C D E F G
2.	Are you frustrated when your hearing aids pick up sounds that keep you from hearing what you want to hear?	A B C D E F G
3.	Are you convinced that obtaining your hearing aids was in your best interests?	A B C D E F G
4.	Do you think people notice your hearing loss more when you wear your hearing aids?	A B C D E F G
5.	Do your hearing aids reduce the number of times you have to ask people to repeat?	A B C D E F G
6.	Do you think your hearing aids are worth the trouble?	A B C D E F G
7.	Are you bothered by an inability to get enough loudness from your hearing aids without feedback (whistling)?	A B C D E F G
8.	How content are you with the appearance of your hearing aids?	A B C D E F G
9.	Does wearing your hearing aids improve your self-confidence?	A B C D E F G
10.	How natural is the sound from your hearing aids?	A B C D E F G
11.	How helpful are your hearing aids on MOST telephones with ***NO*** amplifier or loudspeaker? (If you hear well on the telephone *<u>without</u>* hearing aids, check here ☐)	A B C D E F G
12.	How competent was the person who provided you with your hearing aids?	A B C D E F G

(Continued)

A Not At All
B A Little
C Somewhat
D Medium
E Considerably
F Greatly
G Tremendously

13. Do you think wearing your hearing aids makes you seem less capable? A B C D E F G

14. Does the cost of your hearing aids seem reasonable to you? A B C D E F G

15. How pleased are you with the dependability (how often they need repairs) of your hearing aids? A B C D E F G

Please respond to these additional items.

EXPERIENCE WITH CURRENT HEARING AIDS	**LIFETIME HEARING AID EXPERIENCE** (includes all old and current hearing aids)	**DAILY HEARING AID USE**	**DEGREE OF HEARING DIFFICULTY** (without wearing a hearing aid)
		☐ None	
☐ Less than 6 weeks	☐ Less than 6 weeks	☐ Less than 1 hour per day	☐ None
☐ 6 weeks to 11 months	☐ 6 weeks to 11 months	☐ 1 to 4 hours per day	☐ Mild
☐ 1 to 10 years	☐ 1 to 10 years	☐ 4 to 8 hours per day	☐ Moderate
☐ Over 10 years	☐ Over 10 years	☐ 8 to 16 hours per day	☐ Severe

FOR AUDIOLOGISTS USE ONLY

HEARING AID FITTING:

Right Ear
Make ______________________
Model ______________________
Ser. No. ______________________
Fitting Date ____________________
Style CIC ITC ITE BTE

Left Ear
Make ______________________
Model ______________________
Ser. No. ______________________
Fitting Date ____________________
Style CIC ITC ITE BTE

HEARING AID FEATURES (check all that apply)

- ☐ Directional Microphone
- ☐ Multiple Microphones
- ☐ Multi-channel
- ☐ Remote Control
- ☐ Multi-program
- ☐ No Volume Control
- ☐ Peak Clipping
- ☐ Compression Limiting
- ☐ TILL
- ☐ WDRC
- ☐ BILL
- ☐ T-Coil
- ☐ Other ______________________

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