

12. How would you rate your overall hearing ability on a scale from 1 to 10 (1 being the worst and 10 being the best)? (Please circle one)

Worst → 1 2 3 4 5 6 7 8 9 10 ← Best

13. How important is it for you to hear better on a scale from 1 to 10 (1 being not very important and 10 being very important)?

(Please circle one)

Not Very Important → 1 2 3 4 5 6 7 8 9 10 ← Very Important

14. How confident do you feel that you will be successful with hearing aids on a scale from 1 to 10 (1 being low and 10 being high)?

(Please circle one)

Low → 1 2 3 4 5 6 7 8 9 10 ← High

15. How motivated are you regarding doing something about your hearing loss on a scale from 1 to 10

(1 being not motivated and 10 being extremely motivated? (Please circle one)

Not Motivated → 1 2 3 4 5 6 7 8 9 10 ← Extremely Motivated

16. Do you currently use a hearing aid? If so, please describe your satisfaction:

17. Do you prefer hearing aids that:

- Are totally automatic so that you do not have to make any adjustments to them
- Allow you to adjust the volume and change the listening programs as you see fit
- No preference

18. Do you have any dexterity or vision issues that might make it difficult for you to change batteries or insert/remove hearing aids from your ears? Yes No

19. Number the following in terms of their importance to you regarding hearing aids

(1 being the most important, 4 being the least important).

_____ Hearing aid size and visibility

_____ Improved ability to hear and understand speech

_____ Improved ability to understand speech in noisy situations (e.g., restaurants, parties)

_____ Cost of the hearing aids

20. These are some options that some people choose with their hearing aids. Please check the ones that you think may be helpful for you:

- Streaming of cellphone calls to hearing aids
- Use of a smartphone app as a remote control for your hearing aids
- A TV wireless device that would send the TV signal to your hearing aids
- Rechargeability (no need to change batteries)
- Volume control
- Ringing in ear relief feature

21. What do you use for a phone? Landline Basic cellphone (not a smart phone) iPhone Android

22. Please let us know if there is anything else that we should know to maximize your satisfaction with hearing aids.

Patient Name: _____

Hearing Loss Impact Survey

Instructions:

Please circle YES, SOMETIMES, or NO to each of the following items. Do not skip a question if you avoid a situation because of a hearing problem. If you use a hearing aid, please answer the way you hear without the aid.

1. Does a hearing problem cause you to feel embarrassed when meeting new people?	YES	SOMETIMES	NO
2. Does a hearing problem cause you to feel frustrated when talking to members of your family?	YES	SOMETIMES	NO
3. Do you have difficulty hearing when someone speaks in a whisper?	YES	SOMETIMES	NO
4. Do you feel handicapped by a hearing problem?	YES	SOMETIMES	NO
5. Does a hearing problem cause you difficulty when visiting friends, relatives or neighbors?	YES	SOMETIMES	NO
6. Does a hearing problem cause you to attend religious services less often than you would like?	YES	SOMETIMES	NO
7. Does a hearing problem cause you to have arguments with family members?	YES	SOMETIMES	NO
8. Does a hearing problem cause you difficulty when listening to TV or radio?	YES	SOMETIMES	NO
9. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	YES	SOMETIMES	NO
10. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	YES	SOMETIMES	NO

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Patient Hearing Goals

Date: 1. Goals set: _____ 2. After fitting: _____ 3. Additional FU: _____

I am successful in this situation...

Goal (List in order of priority)

Hardly Ever

Occasionally

Half the Time

Most of the Time

Almost Always

Goal (List in order of priority)	Hardly Ever	Occasionally	Half the Time	Most of the Time	Almost Always

C = Current (how patient currently hears, with or without hearing aids) W = Wants (how patient wants to hear after intervention)
T = Target (how hearing professional realistically expects patient will hear) A = After (how patient actually hears after intervention)