Tinnitus & Hearing Center of Arizona

HEARING AID ABILITIES QUESTIONNAIRE

Name: _____ Date: _____

1. What is your hearing aid experience?
   - ☐ I have a hearing device and use it regularly in the _____ right ear _____ left ear.
   - ☐ I have a hearing device, but I don't use it OR I have a hearing device, but I only use it occasionally.
   - ☐ I tried a hearing device, but returned it for credit.
   - ☐ I have inquired about hearing devices at another office, but did not purchase.
   - ☐ I have never used a hearing device.

2. Please rank the following from 1 to 4 in terms of importance to you when purchasing a hearing device (1 = **MOST** important and 4 = **LEAST** important).
   ____Sound Quality and Clarity ____Durability/Reliability ____Cost ____Appearance

3. What motivated you to come in today? _____
   _____

4. On a scale of 1 to 10, where do you feel that you are (psychologically, emotionally, financially, etc.) regarding doing something about your hearing loss?
   1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐
   not motivated *very motivated*

5. Please check the box which corresponds to your ability to hear in the situations listed below and check how often you are in that situation.

Listening Situation	**How do you hear in this situation?**			**How often are you in this situation?**		
	poor	fair	good	never	sometimes	always
Quiet Room (1-2 people)	☐	☐	☐	☐	☐	☐
Television	☐	☐	☐	☐	☐	☐
Music	☐	☐	☐	☐	☐	☐
Restaurants	☐	☐	☐	☐	☐	☐
Church	☐	☐	☐	☐	☐	☐
Meetings / Lectures	☐	☐	☐	☐	☐	☐
Work Place	☐	☐	☐	☐	☐	☐
Telephone Conversation	☐	☐	☐	☐	☐	☐
Car	☐	☐	☐	☐	☐	☐
Meal Times (at home)	☐	☐	☐	☐	☐	☐
Groups (4-6 people)	☐	☐	☐	☐	☐	☐
City Street	☐	☐	☐	☐	☐	☐
Large Social Gatherings	☐	☐	☐	☐	☐	☐
Radio	☐	☐	☐	☐	☐	☐
Shopping	☐	☐	☐	☐	☐	☐