Hearing Aid Abilities Questionnaire

Cadence Hearing Services, LLC

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**	**poor**	**fair**	**good**
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	❑	❑	❑	❑	❑	❑