## Hearing Aid Abilities Questionnaire <br> Hearing Services, llc

Name: $\qquad$ Date: $\qquad$

1. What is your hearing aid experience?

I I have a hearing device and use it regularly in the $\qquad$ right ear $\qquad$ left ear.
$\square$ 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 I have inquired about hearing devices at another office, but did not purchase.
$\square$ 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 $\qquad$ Durability/Reliability
$\qquad$ Cost

Appearance
3. What motivated you to come in today? $\qquad$
$\qquad$
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?
$\begin{array}{lc}1 & 2 \\ \text { not motivated }\end{array}$
3
4
5
6
7
8
9
10
not 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) | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Television | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Music | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Restaurants | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Church | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Meetings / Lectures | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Work Place | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Telephone Conversation | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Car | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Meal Times (at home) | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Groups (4-6 people) | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| City Street | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Large Social Gatherings | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Radio | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Shopping | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |

