Hearing Aid Abilities Questionnaire Cadence Hearing Services, LLC



Nar	ne:						
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 ClarityDurability/ReliabilityCostAppearance						
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						0
Work Place						
Telephone Conversation						
Car						
Meal Times (at home)						
Groups (4-6 people)						
City Street						
Large Social Gatherings						
Radio						
Shopping						