SATISFACTION WITH AMPLIFICATION IN DAILY LIFE

NAME ______________________________ DATE OF BIRTH ___/___/____ TODAY’S DATE ___/___/____

INSTRUCTIONS

Listed below are questions on your opinions about your hearing aid(s). For each question, please circle the letter that is the best answer for you. The list of words on the right gives the meaning for each letter.

Keep in mind that your answers should show your general opinions about the hearing aids that you are wearing now or have most recently worn.

A Not At All  
B A Little  
C Somewhat  
D Medium  
E Considerably  
F Greatly  
G Tremendously

1. Compared to using no hearing aid at all, do your hearing aids help you understand the people you speak with most frequently? A B C D E F G

2. Are you frustrated when your hearing aids pick up sounds that keep you from hearing what you want to hear? A B C D E F G

3. Are you convinced that obtaining your hearing aids was in your best interests? A B C D E F G

4. Do you think people notice your hearing loss more when you wear your hearing aids? A B C D E F G

5. Do your hearing aids reduce the number of times you have to ask people to repeat? A B C D E F G

6. Do you think your hearing aids are worth the trouble? A B C D E F G

7. Are you bothered by an inability to get enough loudness from your hearing aids without feedback (whistling)? A B C D E F G

8. How content are you with the appearance of your hearing aids? A B C D E F G


10. How natural is the sound from your hearing aids? A B C D E F G

   How helpful are your hearing aids on MOST telephones with NO amplifier or loudspeaker? 
   (If you hear well on the telephone without hearing aids, check here □) A B C D E F G

11. How competent was the person who provided you with your hearing aids? A B C D E F G

(Continued)
13. Do you think wearing your hearing aids makes you seem less capable?  
A Not At All  
B A Little  
C Somewhat  
D Medium  
E Considerably  
F Greatly  
G Tremendously  

14. Does the cost of your hearing aids seem reasonable to you?  
A Not At All  
B A Little  
C Somewhat  
D Medium  
E Considerably  
F Greatly  
G Tremendously  

15. How pleased are you with the dependability (how often they need repairs) of your hearing aids?  
A Not At All  
B A Little  
C Somewhat  
D Medium  
E Considerably  
F Greatly  
G Tremendously  

Please respond to these additional items.

<table>
<thead>
<tr>
<th>EXPERIENCE WITH CURRENT HEARING AIDS</th>
<th>LIFETIME HEARING AID EXPERIENCE (includes all old and current hearing aids)</th>
<th>DAILY HEARING AID USE</th>
<th>DEGREE OF HEARING DIFFICULTY (without wearing a hearing aid)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 weeks</td>
<td>Less than 6 weeks</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>6 weeks to 11 months</td>
<td>6 weeks to 11 months</td>
<td>Less than 1 hour per day</td>
<td>Mild</td>
</tr>
<tr>
<td>1 to 10 years</td>
<td>1 to 10 years</td>
<td>1 to 4 hours per day</td>
<td>Moderate</td>
</tr>
<tr>
<td>Over 10 years</td>
<td>Over 10 years</td>
<td>4 to 8 hours per day</td>
<td>Severe</td>
</tr>
</tbody>
</table>

FOR AUDIOLOGISTS USE ONLY

HEARING AID FITTING:  
Right Ear  
Make  
Model  
Ser. No.  
Fitting Date  
Style  
CIC  
ITC  
ITE  
BTE  

Left Ear  
Make  
Model  
Ser. No.  
Fitting Date  
Style  
CIC  
ITC  
ITE  
BTE  

HEARING AID FEATURES (check all that apply)  
- Directional Microphone  
- Multiple Microphones  
- Multi-channel  
- Remote Control  
- Multi-program  
- No Volume Control  
- Peak Clipping  
- Compression Limiting  
- TILL  
- WDRC  
- BILL  
- T-Coil  
- Other  

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