**DOSOs(b)**

Name: Date of Birth: Today’s Date:

If you use rechargeable hearing aids, check here ­­­

**This questionnaire measures how well your hearing aids work. Please read each question and circle one letter to show the answer that is closest to your opinion.**

|  |  |
| --- | --- |
| **A** | **Not at all** |
| **B** | **A little** |
| **C** | **Somewhat** |
| **D** | **Medium** |
| **E** | **Considerably** |
| **F** | **Greatly** |
| **G** | **Tremendously** |

**The guide shown on the right describes the meaning of each letter.**

**How good are the hearing aids at…**

|  |
| --- |
| 1 Making speech clear in a face-to-face conversation? A B C D E F G |
| 2 NOT whistling during use? A B C D E F G |
| 3 Providing a pleasing sound quality? A B C D E F G |
| 4 Making music pleasant? A B C D E F G |
| 5 Eliminating the need to have someone else explain what was said? A B C D E F G |
| 6 Picking up speech when the talker's lips are not visible? A B C D E F G |
| 7 Making your voice sound natural to you? A B C D E F G |
| 8 Catching what waiters say in a busy restaurant? A B C D E F G |
| 9 Catching what someone says on the first try? A B C D E F G |
| 10 Picking up soft sounds that follow loud ones? A B C D E F G |
| *11 If you are using rechargeable hearing aids, please answer question 11b, otherwise answer question 11a* |
| 11a Making the batteries easy to change? A B C D E F G |
| 11b Making the hearing aids easy to recharge? A B C D E F G |
| 12 Keeping background noise to a minimum? A B C D E F G |
| 13 Cutting out background noise in a restaurant? A B C D E F G |
| *14 If you are using rechargeable hearing aids, please answer question 14b, otherwise answer question 14a* |
| 14a NOT using up batteries too fast? A B C D E F G |
| 14b NOT using up the charge too fast? A B C D E F G |

 (continued over page)

**This questionnaire measures how well your hearing aids work. Please read each question and circle one letter to show the answer that is closest to your opinion.**

|  |  |
| --- | --- |
| **A** | **Not at all** |
| **B** | **A little** |
| **C** | **Somewhat** |
| **D** | **Medium** |
| **E** | **Considerably** |
| **F** | **Greatly** |
| **G** | **Tremendously** |

**The guide shown on the right describes the meaning of each letter.**

**How good are the hearing aids at…**

|  |
| --- |
| 15 Picking up what someone says across a large room? A B C D E F G |
| 16 Keeping the sound of your voice comfortable to you? A B C D E F G |
| 17 Picking up sounds that are missed without them? A B C D E F G |
| 18 Catching a person’s name when they are introduced? A B C D E F G |
| 19 Being easy to put in and take out of your ears? A B C D E F G |
| 20 Making loud music tolerable? A B C D E F G |
| 21 Making the television sound clear? A B C D E F G |
| 22 Keeping the volume at a pleasing level? A B C D E F G |
| 23 Distinguishing between male and female voices? A B C D E F G |
| 24 Keeping wind noise from being annoying? A B C D E F G |
| 25 Keeping loud sounds from being uncomfortable? A B C D E F G |

|  |  |  |
| --- | --- | --- |
| 26. How many days a week do you usually wear hearing aids?  | 27. On the days you use hearing aids, how many hours do you usually wear them?  | 28. In situations where you need to improve your hearing, how often do you wear hearing aids?  |
| **[ ]**  None[ ]  1-2 days[ ]  3-4 days[ ]  5-6 days[ ]  Every day |  **[ ]**  1-4 hrs. [ ]  5-6 hrs. [ ]  7-8 hrs. [ ]  9-10 hrs. [ ]  11 hrs. or more | [ ]  Always (100%)[ ]  Usually (75%)[ ]  Sometimes (50%)[ ]  Rarely (25%)[ ]  Never (0%) |



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