NF 1051

Hearing Aid User's Questionnaire

NAME ______________________ DATE ____________

ADDRESS ______________________ PHONE NO. ________

NATIONAL ACOUSTIC LABORATORIES

PLEASE TICK THE BEST ANSWER FOR EACH QUESTION

Question 1. Do you usually wear.....

one hearing aid? .... ☐ two hearing aids?........ ☐

Question 2. On average, how often do you wear your hearing aid?

8 or more hours per day?..... ☐

4 to 8 hours per day? .... ☐

1 to 4 hours per day? .... ☐

occasionally (less then 1 hour per day but more then 1 hour per week)? .... ☐

seldom (less then 1 hour per week)? .... ☐

never wear the hearing aid? .... ☐

If you never wear your hearing aid, please tell us why ....

....

Question 3. How much has your hearing aid helped you with any of the following?

	A LOT	A LITTLE	NOT AT ALL	HELP NOT NEEDED
- Family	☐	☐	☐	☐
- Small group conversation	☐	☐	☐	☐
- Meetings (eg. Committees, Church)	☐	☐	☐	☐
- Social activities (eg.Shopping, Bowls)	☐	☐	☐	☐
- Television and/or Radio	☐	☐	☐	☐
- Telephone	☐	☐	☐	☐

Question 4. Current difficulties with the hearing aid......

	YES	NO
a) Do you have difficulty positioning the hearing aid or removing it?	☐	☐
b) Do you have any difficulty adjusting the controls of the hearing aid?	☐	☐
c) Does the aid whistle when it is in your ear and set at a comfortable listening level?	☐	☐
d) Does the fit of the hearing aid or earmould in your ear cause you any discomfort?	☐	☐
e) Does the hearing aid make any sudden loud noises unbearably loud (not just annoying)?	☐	☐
f) Does the sound of your own voice sound hollow or like it is echoing?	☐	☐
g) Do other people help you adjust your hearing aid?	☐	☐

Question 5. How would you describe your satisfaction with your hearing aid?

very satisfied....☐ satisfied ....☐ dissatisfied...☐ very dissatisfied....☐

Question 6. How would you describe your satisfaction with the hearing aid repair service at AHS Hearing Centres?

very satisfied....☐ satisfied ....☐ dissatisfied...☐ very dissatisfied....☐

have not needed any repairs....☐

Question 7. How would you describe your satisfaction with the way you have been treated by AHS Hearing Centres?

very satisfied....☐ satisfied ....☐ dissatisfied...☐ very dissatisfied....☐

Question 8. Do you feel you need an appointment with your Audiologist soon?

YES ☐ NO ☐

Question 9. The thing I liked best about the hearing aid or service was

....

....

Question 10. The thing I liked least about the hearing aid or service was

....

....

Question 11. If I were to make a change to the hearing aid or service, it would be

....

....

Thank you for your comments.

OFFICE USE ONLY

A: DATE ....

B: H/C ....

C: STATE ....

D: AID MODEL (eg. PP SC, IT312, SB13 ETC) ....

E: FTG CONFIG........ MON...... ☐

BIN........ ☐

F: 3 FREQ. AVE HEARING LOSS IN BETTER EAR .... dB HL

G: ADMINISTERED BY.....

TELEPHONE

CALL 1 .... ☐

CALL 2 .... ☐

MAIL

.... ☐