Hearing Aid User’s Questionnaire

NAME ___________________________ DATE ___________

ADDRESS ___________________________ PHONE NO. _______
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 than 1 hour per day but more than 1 hour per week)? ...............  ■
seldom (less than 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?

<table>
<thead>
<tr>
<th></th>
<th>A LOT</th>
<th>A LITTLE</th>
<th>NOT AT ALL</th>
<th>NOT NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Small group conversation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Meetings (eg. Committees, Church)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Social activities (eg. Shopping, Bowls)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Television and/or Radio</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Telephone</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question 4. Current difficulties with the hearing aid......

a) Do you have difficulty positioning the hearing aid or removing it?  
   [YES][NO]

b) Do you have any difficulty adjusting the controls of the hearing aid?  
   [YES][NO]

c) Does the aid whistle when it is in your ear and set at a comfortable listening level?  
   [YES][NO]

d) Does the fit of the hearing aid or earmould in your ear cause you any discomfort?  
   [YES][NO]

e) Does the hearing aid make any sudden loud noises unbearably loud (not just annoying)?  
   [YES][NO]

f) Does the sound of your own voice sound hollow or like it is echoing?  
   [YES][NO]

g) Do other people help you adjust your hearing aid?  
   [YES][NO]

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

.... □