

Sarah Price Au.D., CCC-A
 KeLee Wheeler Au.D., CCC-A
 Farris Stroupe Au.D., CCC-A
 Stephanie Gannaway Au.D., CCC-A
 Elizabeth Harder Au.D., CCC-A
 Rachel Lamb Au.D., CCC-A



Kayla Silvey Au.D., CCC-A
 Jenna Smith Au.D., CCC-A
 Whitney Woods Au.D., CCC-A
 Taylor Sweeney Au.D., CCC-A
 Laina Burdiek Au.D., CCC-A

Name: _____ Date of Service: _____

Hearing Aid Questionnaire

Have you ever worn hearing aids? Yes No
 If yes, what brand and style? In-the-ear Behind-the-ear _____

What did you like about them? _____

What needed improving? _____

Do you live alone? _____ If no, who lives with you? _____

Are you responsible for taking care of others? _____

What type of cell phone do you use? iPhone Android Flip Phone Not Sure

Which describes your cell phone use:

- ___ I only use my cell phone to make calls.
- ___ I use my phone to make calls and text message, but not often.
- ___ I am learning how to use use my phone for texting, phone calls, apps, etc.
- ___ I am very comfortable using/navigating my cell phone and use it throughout the day for email, calls, text messages, music, etc

Activity	Several times per week	Once per week	Once or twice per month	Less than once per month
Watch Television				
Going out to eat				
Going to the movies or plays				
Attending worship service(s)				
Playing sports (running, golfing) or outdoor activities				
Other:				

Which statement describes how you feel about hearing devices:

- I am not ready for hearing aids at this time.
- I have been thinking that I might need hearing aids.
- I have started to seek information about hearing aids.
- I am ready to get hearing aids if they are recommended.
- I am comfortable with the idea of wearing hearing aids.

*****Continued on Other Side*****

Sarah Price Au.D., CCC-A
 KeLee Wheeler Au.D., CCC-A
 Farris Stroupe Au.D., CCC-A
 Stephanie Gannaway Au.D., CCC-A
 Elizabeth Harder Au.D., CCC-A
 Rachel Lamb Au.D., CCC-A



Kayla Silvey Au.D., CCC-A
 Jenna Smith Au.D., CCC-A
 Whitney Woods Au.D., CCC-A
 Taylor Sweeney Au.D., CCC-A
 Laina Burdick Au.D., CCC-A

<ul style="list-style-type: none"> • Please answer each of the following items. • Do not skip a question if you avoid a situation because your hearing. • If you wear a hearing aid(s), please answer the way you hear without the hearing aid(s). 	Yes	No	Sometimes
Does your hearing problem cause you to feel frustrated when visiting with friends, relatives or neighbors?			
Does your hearing problem cause you to feel embarrassed when meeting with new people?			
Do you have difficulty hearing when someone is soft spoken or speaks at a distance?			
Does your hearing problem cause you to attend social events or religious services less often than you would like?			
Does your hearing problem cause you to become fatigued by the end of the day?			
Does your hearing problem cause you difficulty when listening to TV or radio?			
Does your hearing problem cause you difficulty when in a restaurant with relatives or friends?			
Does your hearing problem cause you to have arguments with family members?			

On a scale of 1 to 10, how motivated are you to do something to improve your communication?

1 2 3 4 5 6 7 8 9 10
 Not Motivated ----- Very Motivated
 (I don't have a problem) ----- (I notice a problem most of the time)

Please identify 2 or more situations where you would like to improve your communication:

- 1) _____
- 2) _____
- 3) _____