

Patient Name: _____ Date: _____ Patient #: _____
Office Use

Please take a moment to respond to each item with the answer the best reflects your circumstances. Your answers let us know how your hearing aids help and situations where you are having difficulty. You will not hurt our feelings if there are problems.

Hearing Aid Follow-Up Survey

Select the item that best describes how you use your hearing aids

- _____ I wear my hearing aids most of the day
 _____ I wear my hearing aids whenever needed.
 _____ I wear my hearing aids occasionally.
 _____ I rarely wear my hearing aids.

Please circle the answers that come closest to your everyday experience. For example, if you strongly agree with a statement circle 'A' for that item. If you strongly disagree with a statement circle 'G' for that item.

	Strongly Agree							Strongly Disagree
My hearing aids are comfortable.	A	B	C	D	E	F	G	N/A
My hearing aids are easy for me to handle.	A	B	C	D	E	F	G	N/A
My hearing aids are loud enough for most conversation.	A	B	C	D	E	F	G	N/A
My hearing aids keep sound that is already loud (door slam, dog bark) from becoming uncomfortable.	A	B	C	D	E	F	G	N/A
My hearing aids do not squeal/ whistle after they are seated in my ears.	A	B	C	D	E	F	G	N/A
My hearing aids have a natural sound quality for other people's voices.	A	B	C	D	E	F	G	N/A
My hearing aids have a natural sound quality for my own voice.	A	B	C	D	E	F	G	N/A
My hearing aids allow me to hear clearly when...								
- Talking to one other person in a quiet room	A	B	C	D	E	F	G	N/A
- Talking to one other person in a noisy room	A	B	C	D	E	F	G	N/A
- Talking to a small group in a quiet room	A	B	C	D	E	F	G	N/A
- Talking to a small group in a noisy room	A	B	C	D	E	F	G	N/A
- Talking to one other person in a car	A	B	C	D	E	F	G	N/A
- Talking on the telephone	A	B	C	D	E	F	G	N/A
- At a meeting or religious service	A	B	C	D	E	F	G	N/A
- In a busy restaurant	A	B	C	D	E	F	G	N/A
- Watching TV	A	B	C	D	E	F	G	N/A
My hearing aids have improved my quality of life.	A	B	C	D	E	F	G	N/A