HEARING ABILITIES QUESTIONNAIRE

1. What is your hearing aid exper	ience?					
 □ I have a hearing device □ I have a hearing device □ I tried a hearing device □ I have inquired about h □ I have never used a hear 	, but don't , but return earing dev	t use it, or uned it for crivices at another	se it only occ	asionally		at that time
2. These are your choices: Sound Quality & Clarity	Dur	ability/Reliat	oility Co	ost	Appearance	
Put a "1" before the <i>one</i> thing that Now, put a "2" before the second Now, put a "3" before the third in Lastly, put a "4" before the least (Have you used a 1 and a 2 and 3. What motivated you to come in 4. On a scale of 1-10, where do you	I most important a 3 and a n today?	rtant thing to thing to yo 4??????)	g to you when o you when purch u when purch	n purchas purchasin nasing a h	ing a hearing d g a hearing device nearing device	g device. levice. e.
etc.) regarding doing something						
1 2 3 mot motivated	4	5	57	8	, 9	10 very motivated
5. Please check the box which co						
check how often you are in th			ility to hear i	n the situ	ations listed	and
Listening situation	at situatio	on. well do yo	ou hear	Но	ow often are	you
	at situatio How in	on. well do you this situat	ou hear ion?	Ho	ow often are this situati	you on?
	at situatio	on. well do yo	ou hear	Но	ow often are	you
Listening situation	How in poor	on. well do you this situat	ou hear ion?	Ho in	ow often are this situati	you on?
Listening situation Quiet Room (1 to 2 people)	How in	on. well do you this situat	ou hear ion? good	Ho in rarely	ow often are this situati sometimes	you on?
Listening situation Quiet Room (1 to 2 people) Television	How in poor	on. well do you this situat fair	ou hear ion? good	Ho in	ow often are this situation sometimes	you on?

Meetings/Lectures

Telephone Conversation

Meal Times (at home)

Groups (4 to 6 people)

Work Place

Car