HEARCARE, INC. CASSOCIATES

## HEARING AID ABILITIES QUESTIONNAIRE

| Nar | ne: Date:  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|
| 1.  | <ul> <li>What is your hearing aid experience?</li> <li>I have a hearing device and use it regularly in the right ear left ear.</li> <li>I have a hearing device, but I don't use it OR I have a hearing device, but I only use it occasionally.</li> <li>I tried a hearing device, but returned it for credit.</li> <li>I have inquired about hearing devices at another office, but did not purchase.</li> <li>I have never used a hearing device.</li> </ul> |  |  |  |  |  |  |
| 2.  | <ul> <li>Please rank the following from 1 to 4 in terms of importance to you when purchasing a hearing device (1 = MOST important and 4 = LEAST important).</li> <li>Sound Quality and ClarityDurability/ReliabilityCostAppearance</li> </ul>  |  |  |  |  |  |  |
| 3.  | What motivated you to come in today?   |  |  |  |  |  |  |
| 4.  | On a scale of 1 to 10, where do you feel that you are (psychologically, emotionally, financially, etc.) regarding doing something about your hearing loss?<br>1 2 3 4 5 6 7 8 9 10<br>not motivated<br>very motivated  |  |  |  |  |  |  |
| 5.  | Please check the box which corresponds to your ability to hear in the situations listed below and check how often you are in that situation.   |  |  |  |  |  |  |

| Listening Situation     | How do you hear in this situation? |      |      | How often are you in this situation? |      |      |
|-------------------------|------------------------------------|------|------|--------------------------------------|------|------|
|                         | poor                               | fair | good | poor                                 | fair | good |
|                         |                                    |      |      |                                      |      |      |
| Quiet Room (1-2 people) |                                    |      |      |                                      |      |      |
| Television              |                                    |      |      |                                      |      |      |
| Music                   | ٦                                  |      |      |                                      |      |      |
| Restaurants             | ٦                                  |      |      |                                      |      |      |
| Church                  | ٦                                  |      |      |                                      |      |      |
| Meetings / Lectures     |                                    |      |      |                                      |      |      |
| Work Place              |                                    |      |      |                                      |      | ٦    |
| Telephone Conversation  |                                    |      |      |                                      |      |      |
| Car                     |                                    |      |      |                                      |      | ٦    |
| Meal Times (at home)    |                                    |      |      |                                      |      |      |
| Groups (4-6 people)     |                                    |      |      |                                      |      |      |
| City Street             |                                    |      |      |                                      |      |      |
| Large Social Gatherings |                                    |      |      |                                      |      |      |
| Radio                   |                                    |      |      |                                      |      |      |
| Shopping                |                                    |      |      |                                      |      |      |