

ABBREVIATED PROFILE OF HEARING AID BENEFIT



NAME: _____
Last First

☐ Male ☐ Female

TODAY'S DATE: ____/____/____

INSTRUCTIONS: Please circle the answers that come closest to your everyday experience. Notice that each choice includes a percentage. You can use this to help you decide on your answer. For example, if a statement is true about 75% of the time, circle "C" for that item. If you have not experienced the situation we describe, try to think of a similar situation that you have been in and respond for that situation. If you have no idea, leave that item blank.

- A Always (99%)**
- B Almost Always (87%)**
- C Generally (75%)**
- D Half-the-time (50%)**
- E Occasionally (25%)**
- F Seldom (12%)**
- G Never (1%)**

| | <u>Without Hearing Aid</u> | <u>With Hearing Aid</u> |
|--|----------------------------|-------------------------|
| 1. When I am in a crowded grocery store, talking with the cashier, I can follow the conversation. | A B C D E F G | A B C D E F G |
| 2. I miss a lot of information when I'm listening to a lecture. | A B C D E F G | A B C D E F G |
| 3. Unexpected sounds, like a smoke detector or alarm bell are uncomfortable. | A B C D E F G | A B C D E F G |
| 4. I have difficulty hearing a conversation when I'm with one of my family at home. | A B C D E F G | A B C D E F G |
| 5. I have trouble understanding the dialogue in a movie or at the theater. | A B C D E F G | A B C D E F G |
| 6. When I am listening to the news on the car radio, and family members are talking, I have trouble hearing the news. | A B C D E F G | A B C D E F G |
| 7. When I'm at the dinner table with several people, and am trying to have a conversation with one person, understanding speech is difficult. | A B C D E F G | A B C D E F G |
| 8. Traffic noises are too loud. | A B C D E F G | A B C D E F G |
| 9. When I am talking with someone across a large empty room, I understand the words. | A B C D E F G | A B C D E F G |
| 10. When I am in a small office, interviewing or answering questions, I have difficulty following the conversation. | A B C D E F G | A B C D E F G |
| 11. When I am in a theater watching a movie or play, and the people around me are whispering and rustling paper wrappers, I can still make out the dialogue. | A B C D E F G | A B C D E F G |
| 12. When I am having a quiet conversation with a friend, I have difficulty understanding. | A B C D E F G | A B C D E F G |

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(Continued on back)

| | Without Hearing Aids | With Hearing Aids |
|--|----------------------|-------------------|
| 13. The sounds of running water, such as a toilet or shower, are uncomfortably loud. | A B C D E F G | A B C D E F G |
| 14. When a speaker is addressing a small group, and everyone is listening quietly, I have to strain to understand. | A B C D E F G | A B C D E F G |
| 15. When I'm in a quiet conversation with my doctor in an examination room, it is hard to follow the conversation. | A B C D E F G | A B C D E F G |
| 16. I can understand conversations even when several people are talking. | A B C D E F G | A B C D E F G |
| 17. The sounds of construction work are uncomfortably loud. | A B C D E F G | A B C D E F G |
| 18. It's hard for me to understand what is being said at lectures or church services. | A B C D E F G | A B C D E F G |
| 19. I can communicate with others when we are in a crowd. | A B C D E F G | A B C D E F G |
| 20. The sound of a fire engine siren close by is so loud that I need to cover my ears. | A B C D E F G | A B C D E F G |
| 21. I can follow the words of a sermon when listening to a religious service. | A B C D E F G | A B C D E F G |
| 22. The sound of screeching tires is uncomfortably loud. | A B C D E F G | A B C D E F G |
| 23. I have to ask people to repeat themselves in one-on-one conversation in a quiet room. | A B C D E F G | A B C D E F G |
| 24. I have trouble understanding others when an air conditioner or fan is on. | A B C D E F G | A B C D E F G |

Please fill out these additional items.

| HEARING AID EXPERIENCE: | DAILY HEARING AID USE | DEGREE OF HEARING DIFFICULTY (without wearing a hearing aid): |
|--|--|--|
| <input type="checkbox"/> None <input type="checkbox"/> Less than 6 weeks <input type="checkbox"/> 6 weeks to 11 months <input type="checkbox"/> 1 to 10 years <input type="checkbox"/> Over 10 years | <input type="checkbox"/> None <input type="checkbox"/> Less than 1 hour per day <input type="checkbox"/> 1 to 4 hours per day <input type="checkbox"/> 4 to 8 hours per day <input type="checkbox"/> 8 to 16 hours per day | <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately-Severe <input type="checkbox"/> Severe |