

AMPLIFICATION HISTORY (non-user)

Name: _____ Date: _____

1. Has anyone ever recommended hearing aids to you before?

- Yes
- No

2. If hearing aids have been previously recommended, why did you not pursue hearing aids at that time? _____

3. How well do you hear in the following listening situations?

a. One-on-one conversation

(Not Well) 1 2 3 4 5 6 7 8 9 10 (Very Well)

b. Hearing in small group settings

(Not Well) 1 2 3 4 5 6 7 8 9 10 (Very Well)

c. Hearing in noisy environments (i.e. restaurants)

(Not Well) 1 2 3 4 5 6 7 8 9 10 (Very Well)

d. Hearing the television

(Not Well) 1 2 3 4 5 6 7 8 9 10 (Very Well)

e. Hearing on your landline/cell phone

(Not Well) 1 2 3 4 5 6 7 8 9 10 (Very Well)

f. Hearing in a place of worship or auditorium (if applicable)

(Not Well) 1 2 3 4 5 6 7 8 9 10 (Very Well)

4. What is your most important consideration regarding hearing aids?

Rank 1-4 with 1 being the most important and 4 being the least important.

- _____ Performance
- _____ Ease of Use
- _____ Appearance
- _____ Cost