

AMPLIFICATION HISTORY (previous user)

Name: _____ Date: _____

1. How *long have you been wearing* hearing aids? _____

2. How *old* are your current hearing aids? _____

3. How *often do you wear* your current hearing aids? _____

4. What do you *like* about your current hearing aids? _____

5. What do you *dislike* about your current hearing aids? _____

6. 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)

7. 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