# ABBREVIATED PROFILE OF HEARING AID BENEFIT FORM A 

NAME: $\qquad$ Today's date: $\qquad$

## 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 the 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

| A | Always (99\%) |
| :--- | :--- |
| B | Almost Always (87\%) |
| C | Generally (75\%) |
| D | Half-the-time (50\%) |
| E | Occasionally (25\%) |
| F | Seldom (12\%) |
| G | Never (1\%) | that situation. If you have no idea, leave that item blank.

## EXAMPLE

For some items, an answer of "Always (99\%)" indicates few problems. Other items are written so that an answer of "Always (99\%)" indicates a lot of problems. Here is an example. In item (a), below, an answer of "Always (99\%)" means that you often have problems. In item (b), below, the same answer means that you seldom have problems.

|  | Without <br> Hearing Aids | With <br> Hearing Aids |
| :---: | :---: | :---: |
| (a) When I'm talking with a friend outdoors on a windy day, I miss a lot of the conversation. | A B C D E F G | A B C D E F |
| (b) When I am in a meeting with several other people, I can comprehend speech. | A B C D E F G | A B C D E F G |

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| A Always (99\%) |
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|  | a smoke detector or | Without Hearing Aids | With <br> Hearing Aids |
| :---: | :---: | :---: | :---: |
| 1. | When I am in a crowded grocery store, talking with the cashier, I can follow the conversation. | A B C D 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 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 |
| 5. | I have trouble understanding the in dialogue 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 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 answering questions, I have difficulty following the conversation. | A B C D E F G | A B C E F G |

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|  |  | Without <br> Hearing Aids | With <br> Hearing Aids |
| :---: | :---: | :---: | :---: |
| 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 |
| 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 |
| 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 islistening 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 G |

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Please fill out these additional items.

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

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