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Mon – Fri, 8:00 AM to 11:00 PM EST  
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<http://mysurvey.com/privacy.cfm>

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## ***Shaping the Future with Your Opinions***

59226-1

**Dear NFO MySurvey Member,**

A few months ago you told us that at least one person in your household owned or used hearing aids. We would like to ask this person some questions about their hearing health and hearing aids. The answers will help the Better Hearing Institute, a non-profit organization, to develop educational programs for the public about hearing loss, its treatments and prevention.

Please give this questionnaire to the person in your household who owns the hearing aids, if it is someone other than yourself. **But first, complete Questions 1-3.**

- **What if the hearing aid owner is a child?**

If the hearing aid owner is a young child or in your opinion the survey is too difficult for the child, you may complete the survey on the child's behalf. Certainly you may ask the child questions to make sure you are answering the questionnaire according to how the child feels.

- **What if the hearing aid owner does not want to or is physically unable to participate?**

If the person is unwilling or unable to complete the survey, you may complete the survey on that person's behalf, to the best of your ability.

- **What if there is more than one hearing aid owner in the household?**

If the hearing aid owner is you, then you would complete the survey.

If there is more than one person in your household who is a hearing aid owner, then please give the survey to the oldest person.

**TO THE PERSON WHO WILL ANSWER THIS QUESTIONNAIRE (HEARING AID OWNER OR NFO HEAD):**

This survey seeks your opinions on hearing health and hearing aids. Most of the questions in this survey can be answered with an "X". I am sure you will find the questions very easy to complete.

When you have completed this questionnaire, please return it in the enclosed postage-paid envelope. I will look forward to receiving your questionnaire. Please accept the enclosed \$1.00 as a token of my appreciation. Remember, **YOUR OPINION COUNTS!** Thank you for your help.

Sincerely,

Carol Adams  
Managing Director

**For NFO Head To Complete:**

1. Which person is the individual who is the hearing aid owner? **(X ONE Box)**  
1  Self      2  Spouse      3  Child (under age 18)      4  Other person
2. What is their age and sex?      Age: \_\_\_\_\_      Sex:    1  Male      2  Female
3. Which person is completing the survey? **(X ONE Box)**  
1  Self      2  Spouse      3  Child (under age 18)      4  Other person

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**For Person With Hearing Difficulty Or NFO Head To Complete (On Behalf Of Another Person):**

4. Do you have a hearing difficulty in **one or both ears**? **(X ONE Box)**  
1  One ear      2  Both ears
5. How would you describe the **degree** of your **hearing difficulty**? **(X ONE Box)**  
1  Mild      2  Moderate      3  Severe      4  Profound
6. Do you own a **hearing aid** for **one or both ears**? **(X ONE Box)**    1  One ear    2  Both ears

**Note: For the remainder of this survey when responding to questions concerning your hearing aids, ONLY consider your most recently purchased hearing aid.**

7. What type of hearing aid do you own? Consider your **most recent** purchase. **(X ONE Box)**  
1  Behind the ear      4  In the ear canal (visible to others)  
2  In the ear (completely fills outer ear)      5  In the ear canal (**Not** visible to others)  
3  In the ear (partially fills outer ear)      6  Body or eyeglass
8. When was the most **current** hearing aid purchased? **(Write In Year)** →    \_ \_ \_ \_
9. When was your **first** hearing aid purchased? **(Write In Year)** →    \_ \_ \_ \_
10. If your **current** hearing aid is **less than one year old** please indicate using the following scale how old it is. **(X ONE Box) (Note: If One Year Or Older Skip To Question 11)**  
1  Less than 1 month    3  2 months      5  4-6 months      7  10-11 months  
2  1 month      4  3 months      6  7-9 months
11. What is the **brand name** of the most current **hearing aid**? *(If you are unsure of the brand of your hearing aid please check the original packaging the hearing aid came in or the sales receipt for your hearing aid).* **(X ONE Box)**
- |   |   |   |   |
|---|---|---|---|
| 01 <input type="checkbox"/> Argosy        | 08 <input type="checkbox"/> Magnatone       | 15 <input type="checkbox"/> Rexton              | 22 <input type="checkbox"/> Sonic Innovations   |
| 02 <input type="checkbox"/> Audina        | 09 <input type="checkbox"/> Maico           | 16 <input type="checkbox"/> Rion                | 23 <input type="checkbox"/> Starkey             |
| 03 <input type="checkbox"/> Bausch & Lomb | 10 <input type="checkbox"/> Montgomery Ward | 17 <input type="checkbox"/> ReSound             | 24 <input type="checkbox"/> Telex               |
| 04 <input type="checkbox"/> Beltone       | 11 <input type="checkbox"/> Miracle Ear     | 18 <input type="checkbox"/> Sears               | 25 <input type="checkbox"/> Unitron             |
| 05 <input type="checkbox"/> Bernafon      | 12 <input type="checkbox"/> Oticon          | 19 <input type="checkbox"/> SeboTech            | 26 <input type="checkbox"/> Widex               |
| 06 <input type="checkbox"/> Danavox       | 13 <input type="checkbox"/> Phonak          | 20 <input type="checkbox"/> Siemens             | 27 <input type="checkbox"/> Don't know          |
| 07 <input type="checkbox"/> Electone      | 14 <input type="checkbox"/> Qualitone       | 21 <input type="checkbox"/> Songbird Disposable | <input type="checkbox"/> Other (Specify): _____ |
12. **What price** did you pay for your most current hearing aid(s)? **(Write In)**  
\$ \_\_\_\_\_ /left ear      \$ \_\_\_\_\_ /right ear
13. **How many hearing aids** have you purchased in your life time? **(Write In)**    # of Hearing Aids: \_\_\_\_\_
14. Considering your most recent hearing aid purchase, how many hearing health professionals (audiologist, hearing aid specialist, etc.) did you visit before deciding on your purchase? **(Write In Number)**  
# of Health Professionals: \_\_\_\_\_
15. **Where** was your most current hearing aid **purchased**? **(X ONE Box)**
- |   |  |   |
|---|--|---|
| 01 <input type="checkbox"/> Hearing Aid Specialist's Office | 06 <input type="checkbox"/> Hospital                 | 11 <input type="checkbox"/> Military Installation |
| 02 <input type="checkbox"/> Audiologist's Office            | 07 <input type="checkbox"/> Veteran's Administration | 12 <input type="checkbox"/> University Clinic     |
| 03 <input type="checkbox"/> Ear Doctor's Office             | 08 <input type="checkbox"/> Clinic or HMO            | 13 <input type="checkbox"/> Wholesale Club        |
| 04 <input type="checkbox"/> Mail order                      | 09 <input type="checkbox"/> Department Store         | 14 <input type="checkbox"/> Other/Don't Know      |
| 05 <input type="checkbox"/> Family Doctor's Office          | 10 <input type="checkbox"/> Home                     |   |
16. Was any part or all of the **hearing aid paid** for by HMO, Medicare, Medicaid, Union, Insurance, etc.? **(X ONE Box)**  
1  Yes      2  No      3  Don't know

17. Overall, how **satisfied** are you with your hearing aid(s)? **(X ONE Box)**
- 7  Very satisfied  
6  Satisfied  
5  Somewhat satisfied  
4  Neutral (*Neither satisfied nor dissatisfied*)  
3  Somewhat dissatisfied  
2  Dissatisfied  
1  Very dissatisfied
18. Approximately how many **hours a day** do you **wear** your hearing aids? (*Note: if you never wear it, write in zero (0); if you wear it less than one hour a day, write in (1/2 hour)*). **(Write In)**  
Hours: \_\_\_\_\_
19. Would you **recommend a hearing aid** to a friend or family member with a hearing problem? **(X ONE Box)**
- 1  Yes                      2  No                      3  Not sure
20. Would you **recommend the person/office** who fit your most current hearing aid to a friend or relative with a hearing problem? **(X ONE Box)**
- 1  Yes                      2  No                      3  Not sure
21. Overall, how well has your hearing aid(s) improved the **quality of your life**? **(X ONE Box)**
- 1  Always                      2  Most of the time                      3  Sometimes                      4  Never
22. How often do you find yourself embarrassed, ridiculed or rejected because you wear hearing aids? **(X ONE Box)**
- 1  Always                      2  Most of the time                      3  Sometimes                      4  Never
23. Thinking back to when you purchased your **first** hearing aid, **what influenced** you to purchase the hearing aid? **(X ALL That Apply)**
- |  |   |
|--|---|
| 01 <input type="checkbox"/> Hearing loss got worse             | 12 <input type="checkbox"/> Magazine advertisement              |
| 02 <input type="checkbox"/> Family Doctor                      | 13 <input type="checkbox"/> Better Hearing Institute            |
| 03 <input type="checkbox"/> Ear Doctor                         | 14 <input type="checkbox"/> Direct mail piece                   |
| 04 <input type="checkbox"/> Audiologist                        | 15 <input type="checkbox"/> Telemarketing phone call            |
| 05 <input type="checkbox"/> Hearing aid specialist             | 16 <input type="checkbox"/> Another hearing aid owner           |
| 06 <input type="checkbox"/> Spouse, relative, child            | 17 <input type="checkbox"/> Price of hearing aid                |
| 07 <input type="checkbox"/> Co-worker or boss                  | 18 <input type="checkbox"/> Financial situation improved        |
| 08 <input type="checkbox"/> Celebrity or public personality    | 19 <input type="checkbox"/> Radio advertisement                 |
| 09 <input type="checkbox"/> Hearing loss article or literature | 20 <input type="checkbox"/> Received hearing aid free of charge |
| 10 <input type="checkbox"/> TV advertisement                   | 21 <input type="checkbox"/> Internet                            |
| 11 <input type="checkbox"/> Newspaper advertisement            | 22 <input type="checkbox"/> Safety concerns                     |
24. When it is time to replace your hearing aid, would you repurchase your current brand of hearing aid? **(X ONE Box)**
- 1  Yes                      2  No                      3  Not sure
- 25a. How often has your **current** hearing aid required service because it was not working properly? **(X ONE Box)**
- 1  One time  
2  2-3 times  
3  4-5 times  
4  6+ times  
5  Never → **(Skip To Qu. 26)**
- **(Continue)**
- 25b. Were you satisfied with the service you received for your hearing aid (meaning it now works to your satisfaction)?
- 1  Yes                      2  No
26. Does your hearing aid have a telecoil switch for use with the telephone? **(X ONE Box)**
- 1  Yes                      2  No                      3  Not sure
27. Can you plug your hearing aid into a CD player, Walkman, etc.? **(X ONE Box)**
- 1  Yes                      2  No                      3  Not sure
28. Is your hearing aid programmable by a computer in the dispenser's office? **(X ONE Box)**
- 1  Yes → **(Continue)**                      2  No → **(Skip To Qu. 31)**                      3  Not sure → **(Continue)**
29. Does your hearing aid have a remote control? **(X ONE Box)**
- 1  Yes → **(Continue)**                      2  No → **(Skip To Qu. 31)**                      3  Not sure → **(Skip To Qu. 31)**
30. How often do you use your remote control? **(X ONE Box)**
- |   |  |
|---|--|
| 1 <input type="checkbox"/> Never                        | 4 <input type="checkbox"/> Occasionally (few times per week) |
| 2 <input type="checkbox"/> Rarely (few times a year)    | 5 <input type="checkbox"/> Couple of times per day           |
| 3 <input type="checkbox"/> Seldom (few times per month) | 6 <input type="checkbox"/> Many times per day                |



**37b.** Listed below are some features about the **service from the person who fit your hearing aids**. Indicate your level of satisfaction. (Note: dispenser below is either audiologist or hearing aid specialist.) (X ONE Box For EACH Service Factor)

| Service Factor   | Very Satisfied             | Satisfied                  | Somewhat Satisfied         | Neutral                    | Somewhat Dissatisfied      | Dissatisfied               | Very Dissatisfied          |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Professionalism of dispenser .....                         | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Dispenser's knowledge of hearing aids .....                | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Explanation on use and care of your hearing aids .....     | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Explanation on what to expect from your hearing aids ..... | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Quality of service during hearing aid fitting period ..... | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Front office staff (i.e., receptionist) .....              | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Quality of service after purchase .....                    | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |

**38a.** How much time did your hearing aid specialist/audiologist spend with you instructing you in the use/care of your hearing aids, explaining hearing aid features and styles, creating realistic expectations, inserting batteries, etc.? (X ONE Box)

|  |   |   |                                     |                                     |                                      |
|--|---|---|-------------------------------------|-------------------------------------|--------------------------------------|
| 01 <input type="checkbox"/> No time      | 03 <input type="checkbox"/> 16-30 minutes | 05 <input type="checkbox"/> 46-59 minutes | 07 <input type="checkbox"/> 2 hours | 09 <input type="checkbox"/> 4 hours | 11 <input type="checkbox"/> 6+ hours |
| 02 <input type="checkbox"/> 1-15 minutes | 04 <input type="checkbox"/> 31-45 minutes | 06 <input type="checkbox"/> 1 hour        | 08 <input type="checkbox"/> 3 hours | 10 <input type="checkbox"/> 5 hours |                                      |

**38b.** How much time did your hearing aid specialist/audiologist spend with you instructing you on aural rehabilitation including instructing you on communication techniques for getting the most out of your hearing aids, your feelings about your hearing loss, lip reading, etc.? (X ONE Box)

|  |   |   |                                     |                                     |                                      |
|--|---|---|-------------------------------------|-------------------------------------|--------------------------------------|
| 01 <input type="checkbox"/> No time      | 03 <input type="checkbox"/> 16-30 minutes | 05 <input type="checkbox"/> 46-59 minutes | 07 <input type="checkbox"/> 2 hours | 09 <input type="checkbox"/> 4 hours | 11 <input type="checkbox"/> 6+ hours |
| 02 <input type="checkbox"/> 1-15 minutes | 04 <input type="checkbox"/> 31-45 minutes | 06 <input type="checkbox"/> 1 hour        | 08 <input type="checkbox"/> 3 hours | 10 <input type="checkbox"/> 5 hours |                                      |

**39a.** How many visits to your hearing aid specialist/audiologist did it take to get your hearing aid to sound right to you? (X ONE Box)

|                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
| 1 <input type="checkbox"/> 1 visit  | 3 <input type="checkbox"/> 3 visits | 5 <input type="checkbox"/> 5 or more visits                               |
| 2 <input type="checkbox"/> 2 visits | 4 <input type="checkbox"/> 4 visits | 6 <input type="checkbox"/> Not applicable - it still does not sound right |

**39b.** How many visits and/or phone calls to your hearing aid specialist/audiologist did it take until you were comfortable with everyday maintenance and care of your hearing aid, such as cleaning, storing and changing the battery, etc.? (X ONE Box)

|                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| 1 <input type="checkbox"/> 1 visit  | 3 <input type="checkbox"/> 3 visits | 5 <input type="checkbox"/> 5 or more visits                            |
| 2 <input type="checkbox"/> 2 visits | 4 <input type="checkbox"/> 4 visits | 6 <input type="checkbox"/> Not applicable – I am still not comfortable |

**40.** How important is it for you to **hear well** in the following situations. (X ONE Box For EACH Situation)

| Listening Situation             | Very Important             | Important                  | Somewhat Important         | Not Important              |
|---------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Conversation with 1 person..... | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| In small groups.....            | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Outdoors.....                   | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| In large groups .....           | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| At a concert/movie .....        | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| In a place of worship .....     | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Watching TV.....                | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| In a restaurant .....           | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Riding in a car .....           | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| On the telephone.....           | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| On a cell phone .....           | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Listening to music .....        | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Work place .....                | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Leisure activities.....         | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| School or classroom.....        | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> |

41. Listed below are some **situations** in which you might wear your current hearing aid. For each situation please "X" one box to show **how satisfied** you are with your current hearing aid in **that situation**. Neutral means you are equally satisfied and dissatisfied. If you do not use your hearing aids in the situation please leave it blank and DO NOT mark the neutral column. **(X ONE Box For EACH Situation)**

| Listening Situation            | Very Satisfied             | Satisfied                  | Somewhat Satisfied         | Neutral                    | Somewhat Dissatisfied      | Dissatisfied               | Very Dissatisfied          |
|--------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Conversation with 1 person.... | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| In small groups.....           | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Outdoors.....                  | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| In large groups.....           | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| At a concert/movie.....        | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| In a place of worship.....     | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Watching TV.....               | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| In a restaurant.....           | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Riding in a car.....           | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| On the telephone.....          | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| On a cell phone.....           | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Listening to music.....        | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Work place.....                | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Leisure activities.....        | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| School or classroom.....       | 7 <input type="checkbox"/> | 6 <input type="checkbox"/> | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |

42. When not using a hearing aid, how difficult is it for you to follow conversations in the presence of noise (for instance, while several people are talking at the same time)? **(X ONE Box)**

- 5  Extremely difficult  
 4  Quite difficult  
 3  Somewhat difficult  
 2  Slightly difficult  
 1  Not at all difficult

43. Below are a number of statements concerning specific listening situations you may encounter in your personal life. Using the scale below, please place an "X" for each listening situation to indicate **the amount of time** you experience problems hearing, **both without and with your hearing aids**. Notice that each choice includes a percentage. For example, if a statement is true about 30% of the time, place an "X" in the box with 30% above it. 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. Please read the situations carefully since some are positively stated and some are negatively stated. **(X ONE Box for EACH Situation With Hearing Aids AND Without Hearing Aids)**

- a. **When I am in a crowded grocery store, talking with the cashier, I can follow the conversation.**

|                                  | 100%                        | 90%                         | 80%                         | 70%                         | 60%                         | 50%                         | 40%                         | 30%                         | 20%                         | 10%                         | 0%                          |
|----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>Without</u> hearing aids..... | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |
| <u>With</u> hearing aids.....    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |

- b. **I miss a lot of information when I'm listening to a lecture.**

|                                  | 100%                        | 90%                         | 80%                         | 70%                         | 60%                         | 50%                         | 40%                         | 30%                         | 20%                         | 10%                         | 0%                          |
|----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>Without</u> hearing aids..... | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |
| <u>With</u> hearing aids.....    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |

- c. **I have difficulty hearing a conversation when I'm with one of my family members at home.**

|                                  | 100%                        | 90%                         | 80%                         | 70%                         | 60%                         | 50%                         | 40%                         | 30%                         | 20%                         | 10%                         | 0%                          |
|----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>Without</u> hearing aids..... | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |
| <u>With</u> hearing aids.....    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |

- d. **I have trouble understanding dialogue in a movie or at the theater.**

|                                  | 100%                        | 90%                         | 80%                         | 70%                         | 60%                         | 50%                         | 40%                         | 30%                         | 20%                         | 10%                         | 0%                          |
|----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>Without</u> hearing aids..... | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |
| <u>With</u> hearing aids.....    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |

- e. **When I am listening to the news on the car radio, and family members are talking, I have trouble hearing the news.**

|                                  | 100%                        | 90%                         | 80%                         | 70%                         | 60%                         | 50%                         | 40%                         | 30%                         | 20%                         | 10%                         | 0%                          |
|----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>Without</u> hearing aids..... | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |
| <u>With</u> hearing aids.....    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |

**QUESTION 43 CONTINUED:**

f. **When I am at the dinner table with several people, and am trying to have a conversation with one person, understanding speech is difficult.**

|                                   | 100%                        | 90%                         | 80%                         | 70%                         | 60%                         | 50%                         | 40%                         | 30%                         | 20%                         | 10%                         | 0%                          |
|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>Without</u> hearing aids ..... | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |
| <u>With</u> hearing aids .....    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |

g. **When I am talking with someone across a large empty room, I understand the words.**

|                                   | 100%                        | 90%                         | 80%                         | 70%                         | 60%                         | 50%                         | 40%                         | 30%                         | 20%                         | 10%                         | 0%                          |
|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>Without</u> hearing aids ..... | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |
| <u>With</u> hearing aids .....    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |

h. **When I am in a small office, interviewing or answering questions, I have difficulty following conversation.**

|                                   | 100%                        | 90%                         | 80%                         | 70%                         | 60%                         | 50%                         | 40%                         | 30%                         | 20%                         | 10%                         | 0%                          |
|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>Without</u> hearing aids ..... | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |
| <u>With</u> hearing aids .....    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |

i. **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.**

|                                   | 100%                        | 90%                         | 80%                         | 70%                         | 60%                         | 50%                         | 40%                         | 30%                         | 20%                         | 10%                         | 0%                          |
|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>Without</u> hearing aids ..... | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |
| <u>With</u> hearing aids .....    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |

j. **When I am having a quiet conversation with a friend, I have difficulty understanding.**

|                                   | 100%                        | 90%                         | 80%                         | 70%                         | 60%                         | 50%                         | 40%                         | 30%                         | 20%                         | 10%                         | 0%                          |
|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>Without</u> hearing aids ..... | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |
| <u>With</u> hearing aids .....    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |

k. **When a speaker is addressing a small group, and everyone is listening quietly, I have to strain to understand.**

|                                   | 100%                        | 90%                         | 80%                         | 70%                         | 60%                         | 50%                         | 40%                         | 30%                         | 20%                         | 10%                         | 0%                          |
|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>Without</u> hearing aids ..... | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |
| <u>With</u> hearing aids .....    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |

l. **When I'm in a quiet conversation with my doctor in an examination room, it is hard to follow the conversation.**

|                                   | 100%                        | 90%                         | 80%                         | 70%                         | 60%                         | 50%                         | 40%                         | 30%                         | 20%                         | 10%                         | 0%                          |
|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>Without</u> hearing aids ..... | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |
| <u>With</u> hearing aids .....    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |

m. **I can understand conversations even when several people are talking.**

|                                   | 100%                        | 90%                         | 80%                         | 70%                         | 60%                         | 50%                         | 40%                         | 30%                         | 20%                         | 10%                         | 0%                          |
|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>Without</u> hearing aids ..... | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |
| <u>With</u> hearing aids .....    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |

n. **It's hard for me to understand what is being said at lectures or church services.**

|                                   | 100%                        | 90%                         | 80%                         | 70%                         | 60%                         | 50%                         | 40%                         | 30%                         | 20%                         | 10%                         | 0%                          |
|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>Without</u> hearing aids ..... | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |
| <u>With</u> hearing aids .....    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |

o. **I can communicate with others when we are in a crowd.**

|                                   | 100%                        | 90%                         | 80%                         | 70%                         | 60%                         | 50%                         | 40%                         | 30%                         | 20%                         | 10%                         | 0%                          |
|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>Without</u> hearing aids ..... | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |
| <u>With</u> hearing aids .....    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |

p. **I can follow the words of a sermon when listening to a religious service.**

|                                   | 100%                        | 90%                         | 80%                         | 70%                         | 60%                         | 50%                         | 40%                         | 30%                         | 20%                         | 10%                         | 0%                          |
|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>Without</u> hearing aids ..... | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |
| <u>With</u> hearing aids .....    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |

q. **I have to ask people to repeat themselves in one-on-one conversation in a quiet room.**

|                                   | 100%                        | 90%                         | 80%                         | 70%                         | 60%                         | 50%                         | 40%                         | 30%                         | 20%                         | 10%                         | 0%                          |
|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>Without</u> hearing aids ..... | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |
| <u>With</u> hearing aids .....    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |

r. **I have trouble understanding others when an air conditioner or fan is on.**

|                                   | 100%                        | 90%                         | 80%                         | 70%                         | 60%                         | 50%                         | 40%                         | 30%                         | 20%                         | 10%                         | 0%                          |
|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <u>Without</u> hearing aids ..... | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |
| <u>With</u> hearing aids .....    | 11 <input type="checkbox"/> | 10 <input type="checkbox"/> | 09 <input type="checkbox"/> | 08 <input type="checkbox"/> | 07 <input type="checkbox"/> | 06 <input type="checkbox"/> | 05 <input type="checkbox"/> | 04 <input type="checkbox"/> | 03 <input type="checkbox"/> | 02 <input type="checkbox"/> | 01 <input type="checkbox"/> |

44. Since you started using your hearing aids, please rate the changes you have experienced in each of the following areas, that you believe are due to your hearing aids. (X ONE Box For EACH Suggestion)

|  | <u>A Lot Better</u>        |                            | <u>The Same</u>            |                            | <u>A Lot Worse</u>         |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Mental/emotional health .....  | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Mental ability .....   | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Physical health .....  | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Relationships at home.....   | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Relationships at work.....   | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Social life .....  | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Feelings about yourself .....  | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Ability to participate in group activities .....                         | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Sense of independence .....  | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Sense of safety .....  | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Confidence in yourself.....  | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Overall ability to communicate more effectively in most situations ..... | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |

45. Which, if any, of the following assistive listening devices do you use to help you hear better? (X ALL That Apply)

- 1  Amplifier on telephone
- 2  Amplified earphones for listening to your TV
- 3  Amplified headset in the theater or movies
- 4  Amplified headset in a place of worship
- 5  Loop system (for conferencing around the table)
- 6  FM Boot connected to your hearing aid
- 7  None → (Skip to Qu. 47)

→ (Continue)

46. Where did you purchase the assistive listening devices? (X ALL That Apply)

- |   |   |  |                                       |                                  |
|---|---|--|---------------------------------------|----------------------------------|
| 1 <input type="checkbox"/> Audiologist office | 3 <input type="checkbox"/> Hearing aid dispenser office | 5 <input type="checkbox"/> Electronics store | 7 <input type="checkbox"/> Mail order | 9 <input type="checkbox"/> Other |
| 2 <input type="checkbox"/> Drug Store         | 4 <input type="checkbox"/> Department store             | 6 <input type="checkbox"/> Medical office    | 8 <input type="checkbox"/> Internet   |                                  |

47. Please answer the following statements according to the way you hear without the use of hearing aids or other assistive listening devices. Be sure to answer every question Yes or No. (X ONE Box For EACH Statement)

|   | <u>Yes</u>                 | <u>No</u>                  |
|---|----------------------------|----------------------------|
| I can usually hear and understand what a person says without seeing his face, if that person whispers to me from across a quiet room.....                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| I can usually hear and understand what a person says without seeing his face, if that person talks in a normal voice to me from across a quiet room. .... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| I can usually hear and understand what a person says without seeing his face, if that person shouts to me from across a quiet room. ....                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| I can usually hear and understand a person if that person speaks loudly into my better ear.....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| I can usually tell the sound of speech from other sounds and noises. ....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| I can usually tell one kind of noise from another.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| I can usually hear loud noises.....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

48. Which statement best describes your **plan to purchase** a new hearing aid? Do you intend to purchase . . . ? (X ONE Box)

- 1  Within the next 6 months
- 2  In about a year
- 3  In about 2 years
- 4  In about 3 years
- 5  In about 4 years
- 6  **Do not** intend to purchase a hearing aid within the next 4 years

**Thank you for your help with this study. Please return your completed questionnaire in the enclosed postage-paid envelope as soon as possible.**