

Name _____

Hearing Aid History

Do you wear a hearing aid?

___ Yes ___ No _____ Type Ear Fitted: ___ Both ___ L ___ R

If yes, and you could change something about your current aids, what would it be?

What do you like most about your hearing aid? _____

What do you like least about your hearing aid? _____

If you are no longer wearing your hearing aid, why did you stop wearing it? _____

Have you ever used any of the following hearing aid accessories?

___ Mobile Phone App ___ Com Pilot ___ Connect Clip ___ Remote Microphone

___ Phone Adapter ___ Remote Control ___ TV Connector

Which of the following activities are difficult due to your hearing loss?

___ Watching TV ___ Hearing speech in the presence of background noise

___ Hearing on the phone ___ Hearing at plays/concerts ___ Listening to music

___ Hearing at meetings ___ Hearing in restaurants

___ Hearing during worship services