Hearing Aid Questionnaire

Albrecht Audiology

Date

Contact Information

Patient Name

Birth-date

Do you wear one or two hearing instruments?

- ◯ Right Ear
- ◯ Left Ear
- ◯ Both Ears

How long have you worn hearing instruments?

How often do you wear your hearing instrument(s)?

- ☐ Every day
- ☐ Occasionally
- ☐ Rarely
- ☐ Never

Do you experience an of the following problems?

- ☐ Physical Discomfort
- ☐ Can't understand in Noise
- ☐ Too much whistling
- ☐ Can't use with telephone
- ☐ Sounds are too loud
- ☐ Plugged up feeling

What could improve your current hearing instruments?

- ☐ Better Cosmetic Appearance
- ☐ Improved Hearing in Quiet
- ☐ Improved Hearing in Noise

The following questions about your hearing instruments may be answered with the audiologist if you are unsure of any of the answers.

Manufacturer?

Style?

Serial Number?

Do you have volume controls?

- ◯ Yes
- ◯ No

If yes, how often do you adjust the volume?

Do you have a program button?

- ◯ Yes
- ◯ No

Do you use the program button?

- ◯ Yes
- ◯ No

Do you have a telecoil?

- ◯ Yes
- ◯ No

Do you use it for the telephone

- ◯ Yes
- ◯ No

Do you use the telecoils with loop systems in auditoriums?

- ◯ Yes
- ◯ No

Submit