



## Hearing Aid Evaluation

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Answer each of the following questions. Your answers help determine the best kind of amplification for you.**

1. Select your top three (3) reasons for wanting hearing aids:

- General conversation    Television/radio    Telephone  
 Background noise    Meetings/church    Spouse/family  
 Safety    Employment

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Have you ever used hearing aids before?  Yes  No

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How concerned are you about the appearance/cosmetics of hearing aids?

- Not at all    Somewhat    Very

4. Do you have any difficulty with movement of your arms/hands, reduced manual dexterity or numbness/tingling in your arms, hands and/or fingers?  Yes  No

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you have any difficulty with vision even when wearing corrective lenses?  Yes  No

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What kind of telephone do you use?  
 Landline  Cellular  None

7. Describe any additional information you think EAR Audiology should know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For clinician use only**

**Contraindications:**

- 1) Ear canal size/shape?
- 2) Concha size/shape?
- 3) Dexterity?
- 4) Vision?
- 5) Other?

**Hearing aid color:**

**Memory button:**

**Volume control:**

**Amplification matrix:**

**Directional microphones:**

**Canal stalk length:**

**Earmold style, material and color:**

**Vent type/size:**

**Wax guard:**

**Initial program settings:**

**Other:**