



Abbreviated Profile of Hearing Aid Benefit

Name: _____ Date: _____ File No.: _____

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 described, 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.

A	Always (99%)
B	Almost Always (87%)
C	Generally (75%)
D	Half-the-time (50%)
E	Occasionally (25%)
F	Seldom (12%)
G	Never (1%)

Example

		Without Hearing Aids	With Hearing Aids
(a)	When I am in a meeting with several other people, <i>I can comprehend speech.</i>	A B C D E F G	A B C D E F G

		Without Hearing Aids	With Hearing Aids
1.	When I am in a crowded grocery store, talking with the cashier, I can follow the conversation.	A B C D E 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 E 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 G
5.	I have trouble understanding the dialogue in 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 E 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 or answering questions, I have difficulty following the conversation.	A B C D E F G	A B C D E F G
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 G

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		Without Hearing Aids	With Hearing Aids
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 is listening 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 F G
20.	The sound of a fire engine siren close by is so loud that I need to cover my ears.	A B C D E F G	A B C D E F G
21.	I can follow the words of a sermon when listening to a religious service.	A B C D E F G	A B C D E F G
22.	The sound of screeching tires is uncomfortably loud.	A B C D E F G	A B C D E F G
23.	I have to ask people to repeat themselves in one-on-one conversation in a quiet room.	A B C D E F G	A B C D E F G
24.	I have trouble understanding others when an air conditioner or fan is on.	A B C D E F G	A B C D E F G

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Please fill out these additional items.

Hearing Aid Experience	Daily Hearing Aid Use	Degree of Hearing Difficulty <i>(without a hearing aid)</i>
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Less than 6 weeks	<input type="checkbox"/> Less than 1 hour per day	<input type="checkbox"/> Mild
<input type="checkbox"/> 6 weeks to 11 months	<input type="checkbox"/> 1 to 4 hours per day	<input type="checkbox"/> Moderate
<input type="checkbox"/> 1 to 10 years	<input type="checkbox"/> 4 to 8 hours per day	<input type="checkbox"/> Moderately-severe
<input type="checkbox"/> Over 10 years	<input type="checkbox"/> 8 to 16 hours per day	<input type="checkbox"/> Severe