

BAHA Pre-Assessment Questionnaire

Patient Name: _____ Date: _____

Date of Birth: _____ Gender: Male Female

1. The hearing aid most often used is:

Air Conduction YES NO

Bone Conduction YES NO

2. At home do you often have someone in your vicinity, e.g., husband/wife/children?

YES NO

3. How many days per week do you use your hearing aid?

Every day (7 days) Most days (5 - 6 days)

Occasionally (3 - 4 days) Sometimes (1 - 2 days)

Not at all

4. For how many hours would you say you use your hearing aid during the course of a normal day?

Less than 2 hours Between 2 and 4 hours

Between 4 and 8 hours More than 8 hours

5. How often do you change the battery?

Once a week Twice a month

Every 3 weeks Once a month

6. How often do you use the telecoil function (T-setting)?

Every day Every other day

A few times each week Never

7. In what situations do you use the telecoil function?

8. How would you rate your hearing aid in the following situations?

- a. *Very satisfactory* b. *Quite satisfactory* c. *Passable*
d. *Not very satisfactory* e. *Dissatisfactory*

- i. _____ When listening to the radio or TV
ii. _____ When listening to music
iii. _____ During conversation with 1 person in quiet surroundings
iv. _____ During conversation with 1 person in noisy surroundings
v. _____ During conversation with 2 or more people in quiet
vi. _____ Being with family or friends at home
vii. _____ Being with a group of people in noisy surroundings

9. How does your own voice sound when you are using your hearing aid?

- Normal Slightly different Very different

10. Please check the word or phrase which best describes your present feelings about your hearing aid and its use (you may check as many boxes as you wish).

It is:

- | | | |
|---|---|--|
| <input type="checkbox"/> Difficult to put in | <input type="checkbox"/> Conspicuous | <input type="checkbox"/> Tiring |
| <input type="checkbox"/> Makes you feel awkward | <input type="checkbox"/> Not very helpful | <input type="checkbox"/> Noisy |
| <input type="checkbox"/> Difficult to use | <input type="checkbox"/> Uncomfortable | <input type="checkbox"/> Unnecessary |
| <input type="checkbox"/> A very great help | <input type="checkbox"/> Reduces stress | <input type="checkbox"/> Easy to use |
| <input type="checkbox"/> Very useful in company | <input type="checkbox"/> Invaluable | <input type="checkbox"/> Tinnitus reducing
(ringing, buzzing, or roaring) |

11. Please try to indicate how satisfied you are with your present hearing aid giving it a mark out of 10:
10 very satisfied and 1 very dissatisfied

12. How does the use of an air conducted hearing aid affect your ear infection?

- Better No effect
 Worse I have no ear infection(s)