



Hearing Aid Options:

Patient Name: _____ Date: _____

We want to best understand what you are looking for when it comes to amplification. Our goal is to help you find a solution that best matches your personal criteria and goals. Please complete the brief survey below to help us pinpoint the best options for you. Be as honest as possible. And be as precise as possible. Thank you!

Characteristics of Amplification Tool (COAT):

1. How important is it for you to hear better? Mark an X on the line.

Not Very Important ----- Very Important

2. How motivated are you to wear and use hearing aids? Mark an X on the line.

Not Very Motivated ----- Very Motivated

3. How well do you think hearing aids will improve your hearing? Mark an X on the line.

I expect them to:

Not be helpful at all ----- Greatly improve my hearing

4. What is your most important consideration regarding hearing aids?

Rank the following factors with 1 as the most important and 4 as the least important.

Place an X on the line if the item has no importance to you at all.

- ___ Hearing aid size and the ability of others not to see the hearing aids
- ___ Improved ability to hear and understand speech
- ___ Improved ability to understand speech in noisy situations (e.g., restaurants, parties)
- ___ Cost of the hearing aids

5. Do you prefer hearing aids that: (check one)

- ___ are totally automatic so that you do not have to make any adjustments to them
- ___ allow you to adjust the volume and change the listening programs as you see fit
- ___ no preference

6. Look at the pictures of the hearing aids. Please place an X on the picture or pictures of the style you would **NOT** be willing to use. Your audiologist will discuss the appropriateness of your choices with you – given your hearing loss and physical size and shape of your ears.



1. Receiver in the canal



2. Behind the ear



3. Lyric extended wear



4. Completely in the canal



5. In the ear canal



6. Half shell

*Photos of some devices were enlarged to show detail.

*Actual size and shape of custom devices depends on the size and shape of your ears.

7. How confident do you feel that you will be successful in using hearing aids?

Not very confident -----Very confident