

## 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?

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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<br>(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)