HEUSER HEARING INSTITUTE
Hearing & Language Academy

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:

☐ Difficult to put in	☐ Conspicuous	☐ Tiring
☐ Makes you feel awkward	☐ Not very helpful	☐ Noisy
☐ Difficult to use	☐ Uncomfortable	☐ Unnecessary
☐ A very great help	☐ Reduces stress	☐ Easy to use
☐ Very useful in company	☐ Invaluable	☐ 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)