

Claim Number

Worker's Last Name		Worker's First Name		Date of Birth dd/mmm/yyyy	
Address (number, street, apt., suite, unit)		City/Town	Province	Postal Code	Telephone

The following statements describe your ability to use your hearing aids. If the statement does not apply to you, please circle N/A (not applicable).

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
1) I can insert the batteries into my hearing aids.	5	4	3	2	1	n/a
2) I can tell the right hearing aid from the left hearing aid.	5	4	3	2	1	n/a
3) I can insert the hearing aids into my ears.	5	4	3	2	1	n/a
4) I can operate all of the controls on my hearing aids (buttons, switches).	5	4	3	2	1	n/a
5) I can operate the remote control or other accessories for my hearing aids.	5	4	3	2	1	n/a
6) I can clean and care for my hearing aids.	5	4	3	2	1	n/a
7) I am getting used to the sound quality of my hearing aids.	5	4	3	2	1	n/a
8) I am getting used to the feeling of the hearing aids in my ears.	5	4	3	2	1	n/a
9) I am getting used to the sound of my own voice when I wear my hearing aids.	5	4	3	2	1	n/a
10) I can understand a conversation in a quiet place when I wear my hearing aids.	5	4	3	2	1	n/a
11) I can understand a conversation in a noisy place when I wear my hearing aids.	5	4	3	2	1	n/a
12) I can understand television when I wear my hearing aids.	5	4	3	2	1	n/a
13) I can understand conversation on the telephone when I wear my hearing aids.	5	4	3	2	1	n/a
14) I am satisfied with my hearing aids overall.	5	4	3	2	1	n/a

15) Is there another situation you would like to describe related to the use of your hearing aids?

Worker's Signature	Date of Completion dd/mmm/yyyy
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