



AWG Hours Worn
Per Day

NAME _____

DATE _____

1) Rate How well you are hearing people in a quiet place with hearing aids?

Terrible

1	2	3	4	5	6	7	8	9	10
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 Fantastic

2) Rate how well you understand people in a noisy place with hearing aids?
(ie restaurant, grocery store, casino)

Terrible

1	2	3	4	5	6	7	8	9	10
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 Fantastic

3) Rate how well you hear TV or Movies with hearing aids?

Terrible

1	2	3	4	5	6	7	8	9	10
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 Fantastic

4) Rate how well are you able to hear on the telephone with hearing aids?

Terrible

1	2	3	4	5	6	7	8	9	10
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 Fantastic

5) Rate how comfortable you are with noises with hearing aids? (ie: phone ringing, road noise, birds, appliances, sirens)

Terrible

1	2	3	4	5	6	7	8	9	10
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 Fantastic

6) Rate How physically comfortable you are with your hearing aids?

Uncomfortable

1	2	3	4	5	6	7	8	9	10
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 Very Comfortable

7) Rate how happy you are with your hearing aids?

Disappointed

1	2	3	4	5	6	7	8	9	10
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 Happy

Please write down any statement on where you want to see more improvement or performance from your hearing aids.

