

ECHO

NAME _____ GENDER M F DATE OF BIRTH ___/___/___ TODAY'S DATE ___/___/___

INSTRUCTIONS

Listed below are statements about hearing aids. Please circle the letter that indicates the extent to which you agree with each statement. Use the list of words on the right to determine your answer.

- A Not At All**
- B A Little**
- C Somewhat**
- D Medium**
- E Considerably**
- F Greatly**
- G Tremendously**

How much do you agree with each statement?

1. My hearing aids will help me understand the people I speak with most frequently.	A B C D E F G
2. I will be frustrated when my hearing aids pick up sounds that keep me from hearing what I want to hear.	A B C D E F G
3. Getting hearing aids is in my best interest.	A B C D E F G
4. People will notice my hearing loss more when I wear my hearing aids.	A B C D E F G
5. My hearing aids will reduce the number of times I have to ask people to repeat.	A B C D E F G
6. My hearing aids will be worth the trouble.	A B C D E F G
7. Sometimes I will be bothered by an inability to get enough loudness from my hearing aids without feedback (whistling).	A B C D E F G
8. I will be content with the appearance of my hearing aids.	A B C D E F G
9. Using hearing aids will improve my self-confidence.	A B C D E F G

(Continued on next page)

- A Not At All**
- B A Little**
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- F Greatly**
- G Tremendously**

How much do you agree with each statement?

10. My hearing aids will have a natural sound.	A B C D E F G
11. My hearing aids will be helpful on most telephones without amplifiers or loudspeakers. (If you hear well on the telephone <i>without</i> hearing aids, check here <input type="checkbox"/>)	A B C D E F G
12. The person who provides me with my hearing aids will be competent.	A B C D E F G
13. Wearing my hearing aids will make me seem less capable.	A B C D E F G
14. The cost of my hearing aids will be reasonable.	A B C D E F G
15. My hearing aids will be dependable (need few repairs).	A B C D E F G

Please respond to these additional items.

LIFETIME HEARING AID EXPERIENCE (includes all old and current hearing aids)	DAILY HEARING AID USE	DEGREE OF HEARING DIFFICULTY (without wearing a hearing aid)
<input type="checkbox"/> None <input type="checkbox"/> Less than 6 weeks <input type="checkbox"/> 6 weeks to 11 months <input type="checkbox"/> 1 to 10 years <input type="checkbox"/> Over 10 years	<input type="checkbox"/> None <input type="checkbox"/> Less than 1 hour per day <input type="checkbox"/> 1 to 4 hours per day <input type="checkbox"/> 4 to 8 hours per day <input type="checkbox"/> 8 to 16 hours per day	<input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Severe <input type="checkbox"/> Severe