

EUHA Guideline

Audio therapy in hearing aid acoustics

Guideline 10-01

Appendix 1: Status definition questionnaire

EUHA

Europäische Union der
Hörgeräteakustiker e.V.

Audio therapy in hearing aid acoustics – status definition

Surname: First name: Date of birth:

Date: Audio therapist:

Type of hearing system:

Status definition: before the first audio therapy session after the last audio therapy session

Please give the two most important hearing situations that you wish to have improved: (only fill in before the first session)

1. 2.

How did you manage in the first situation during the last week?

not at all	hardly ever	moderately well	quite well	very well
------------	-------------	-----------------	------------	-----------

How did you manage in the second situation during the last week?

not at all	hardly ever	moderately well	quite well	very well
------------	-------------	-----------------	------------	-----------

For how long did you wear your hearing aids per day last week?

not at all	< 1 hour	1 to 4 hours	4 to 8 hours	all the time
------------	----------	--------------	--------------	--------------

How does wearing your hearing aids affect your well-being?

considerably less well-being	slightly less well-being	no effect	slightly more well-being	considerably more well-being
------------------------------	--------------------------	-----------	--------------------------	------------------------------

Do you feel confident and unrestricted in everyday hearing situations?

no, I feel very uncertain	no, I sometimes feel uncertain	so-so	yes, almost always	yes, without any restriction
---------------------------	--------------------------------	-------	--------------------	------------------------------

How often do you poorly understand, or misunderstand, the person you are talking to?

all the time	frequently	sometimes	occasionally	never
--------------	------------	-----------	--------------	-------

What is your reaction when you do not understand?

--

How much would you miss your hearing system?

not at all	hardly	a bit	some of the time	all the time
------------	--------	-------	------------------	--------------

Please state your personal goal for the audio therapy sessions that will follow:

--

Has your personal goal been met? (only fill in after the last audio therapy session)

not at all	hardly	partly	largely	completely
------------	--------	--------	---------	------------