

HEARING DIFFICULTY QUESTIONNAIRE

Name: _____

Date Completed: _____

For each situation listed below, indicate how much difficulty you have hearing , as well as how important hearing well in that situation is to you.

LISTENING SITUATION	HEARING QUALITY					IMPORTANCE TO YOU		
	POOR			NORMAL		NOT	SOMEWHAT	VERY
QUIET (one on one conversation)	1	2	3	4	5	1	2	3
TELEVISION	1	2	3	4	5	1	2	3
LEISURE ACTIVITIES (list)*	1	2	3	4	5	1	2	3
RESTAURANTS	1	2	3	4	5	1	2	3
CHURCH	1	2	3	4	5	1	2	3
MEETINGS/GROUPS	1	2	3	4	5	1	2	3
WORK PLACE	1	2	3	4	5	1	2	3
TELEPHONE	1	2	3	4	5	1	2	3
CAR	1	2	3	4	5	1	2	3
MALE VOICE	1	2	3	4	5	1	2	3
FEMALE VOICE	1	2	3	4	5	1	2	3
CHILD'S VOICE	1	2	3	4	5	1	2	3
OTHER (please specify)	1	2	3	4	5	1	2	3
*	1	2	3	4	5	1	2	3
**	1	2	3	4	5	1	2	3

NAL Client Oriented Scale of Improvement (COSI)

The COSI is a tool to assist the dispenser in measuring the success of your new hearing aid fitting. Please list 5 improvements you hope to realize with your new hearing aids. Please be as specific as possible (“understanding my grandchildren sitting in the back of the minivan” instead of “hearing children’s voices better”).

Dispenser: _____

Dates: 1. Needs established _____

2. Outcome measured _____

SPECIFIC NEEDS

Indicate Order of Significance

	Degree of Change “With the hearing aid , I hear...”					Final Ability (with hearing aid) “I can hear satisfactorily...”				
	Worse	No Difference	Slightly Better	Better	Much Better	Hardly Ever 10 %	Occasionally 25 %	Half the Time 50 %	Most of the Time 75 %	Almost Always 95 %
	1	2	3	4	5	1	2	3	4	5
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