

Audiology Department - Tel: 01904 726741
Fax: 01904 726344 / email; hearingaidrepairs@york.nhs.uk

Hearing Aid Questionnaire – To be completed before hearing aid Issue

Following your hearing assessment please take a few moments to fill in the form below to tell us how you cope with your hearing currently and more accurately understand how your hearing aids help you in future.

Please take your time & try to answer every question.

(Circle/tick each answer where applicable).

- 1) Here are a few situations where you might have difficulty hearing. Please state whether that situation applies to you and choose (tick) the most applicable answer to the questions that follow.

a) Listening to the television with other family or friends when the volume is adjusted to suit other people

Does this situation happen in your life? **YES/NO**

How much difficulty do you have in this situation?

- Not applicable No difficulty Only slight difficulty
 Moderate difficulty Great difficulty Cannot manage at all

How much does this difficulty worry, annoy or upset you?

- Not applicable Not at all Only a little
 A moderate amount Quite a lot Very much indeed

b) Having a conversation with one other person when there is no background noise

Does this situation happen in your life? **YES/NO**

How much difficulty do you have in this situation?

- Not applicable No difficulty Only slight difficulty
 Moderate difficulty Great difficulty Cannot manage at all

How much does this difficulty worry, annoy or upset you?

- Not applicable Not at all Only a little
 A moderate amount Quite a lot Very much indeed

c) Carrying on a conversation in a busy street or shop

Does this situation happen in your life? **YES/NO**

How much difficulty do you have in this situation?

- Not applicable No difficulty Only slight difficulty
 Moderate difficulty Great difficulty Cannot manage at all

How much does this difficulty worry, annoy or upset you?

- Not applicable Not at all Only a little
 A moderate amount Quite a lot Very much indeed

d) Having a conversation with several people in a group

Does this situation happen in your life? **YES/NO**

How much difficulty do you have in this situation?

- Not applicable No difficulty Only slight difficulty
 Moderate difficulty Great difficulty Cannot manage at all

How much does this difficulty worry, annoy or upset you?

- Not applicable Not at all Only a little
 A moderate amount Quite a lot Very much indeed

2) Please write down any additional comments about the service that you may have:

Please enter your personal details

Name _____
Address _____

_____ D.O.B _____

Please return the completed questionnaire approximately **three months after** you have been issued with the Hearing Aid/s to the hospital that issued your aids;

**For York, Selby, Thirsk,
Pocklington or Malton:**

Audiology Department
The York Hospital
Wigginton Road
York
YO31 8HE

Or

**For Scarborough, Bridlington,
Filey, or Whitby:**

Audiology
Springhill House
19 Springhill Close
Scarborough
YO12 4AD

Please telephone or email if you require this information in a different language or format

如果你要求本資訊以不同的語言或版式提供，請致電或發電郵

Jeżeli niniejsze informacje potrzebne są w innym języku lub formacie, należy zadzwonić lub wysłać wiadomość e-mail

Bu bilgileri değişik bir lisanda ya da formatta istiyorsanız lütfen telefon ediniz ya da e-posta gönderiniz



01904 725566

email: access@york.nhs.uk



Braille



Audio e.g.
CD



Large print



Electronic

Glasgow Part-1 Questionnaire - v1

Created: 12th June 2019

For Review: 12th June 2020

Owner: Eleanor Platt, Senior Audiologist (Audiology)