

GLASGOW HEARING AID BENEFIT PROFILE

Date of Assessment

Date of Review

Hospital Number.....

Name

Address

Does this situation happen in your life?
0 ___ No 1 ___ Yes

**LISTENING TO THE TELEVISION WITH OTHER FAMILY OR FRIENDS
WHEN THE VOLUME IS ADJUSTED TO SUIT OTHER PEOPLE**

How much difficulty do you have in this situation?	How much does any difficulty in this situation worry, annoy or upset you?	In this situation, what proportion of the time do you wear your hearing aid?	In this situation, how much does your hearing aid help you?	In this situation, <u>with your hearing aid</u> , how much difficulty do you <u>now</u> have?	For this situation, how satisfied are you with your hearing aid?
0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not at all 2 ___ Only a little 3 ___ A moderate amount 4 ___ Quite a lot 5 ___ Very much indeed	0 ___ N/A 1 ___ Never/Not at all 2 ___ About ¼ of the time 3 ___ About ½ of the time 4 ___ About ¾ of the time 5 ___ All the time	0 ___ N/A 1 ___ Hearing aid no use at all 2 ___ Hearing aid is some help 3 ___ Hearing aid is quite helpful 4 ___ Hearing aid is a great help 5 ___ Hearing is perfect with aid	0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not satisfied at all 2 ___ A little satisfied 3 ___ Reasonably satisfied 4 ___ Very satisfied 5 ___ Delighted with aid

Does this situation happen in your life?
0 ___ No 1 ___ Yes

**HAVING A CONVERSATION WITH ONE OTHER PERSON WHEN
THERE IS NO BACKGROUND NOISE**

How much difficulty do you have in this situation?	How much does any difficulty in this situation worry, annoy or upset you?	In this situation, what proportion of the time do you wear your hearing aid?	In this situation, how much does your hearing aid help you?	In this situation, <u>with your hearing aid</u> , how much difficulty do you <u>now</u> have?	For this situation, how satisfied are you with your hearing aid?
0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not at all 2 ___ Only a little 3 ___ A moderate amount 4 ___ Quite a lot 5 ___ Very much indeed	0 ___ N/A 1 ___ Never/Not at all 2 ___ About ¼ of the time 3 ___ About ½ of the time 4 ___ About ¾ of the time 5 ___ All the time	0 ___ N/A 1 ___ Hearing aid no use at all 2 ___ Hearing aid is some help 3 ___ Hearing aid is quite helpful 4 ___ Hearing aid is a great help 5 ___ Hearing is perfect with aid	0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not satisfied at all 2 ___ A little satisfied 3 ___ Reasonably satisfied 4 ___ Very satisfied 5 ___ Delighted with aid

Does this situation happen in your life?
0 ___ No 1 ___ Yes

CARRYING ON A CONVERSATION IN A BUSY STREET OR SHOP

How much difficulty do you have in this situation?	How much does any difficulty in this situation worry, annoy or upset you?	In this situation, what proportion of the time do you wear your hearing aid?	In this situation, how much does your hearing aid help you?	In this situation, <u>with your hearing aid</u> , how much difficulty do you <u>now</u> have?	For this situation, how satisfied are you with your hearing aid?
0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not at all 2 ___ Only a little 3 ___ A moderate amount 4 ___ Quite a lot 5 ___ Very much indeed	0 ___ N/A 1 ___ Never/Not at all 2 ___ About ¼ of the time 3 ___ About ½ of the time 4 ___ About ¾ of the time 5 ___ All the time	0 ___ N/A 1 ___ Hearing aid no use at all 2 ___ Hearing aid is some help 3 ___ Hearing aid is quite helpful 4 ___ Hearing aid is a great help 5 ___ Hearing is perfect with aid	0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not satisfied at all 2 ___ A little satisfied 3 ___ Reasonably satisfied 4 ___ Very satisfied 5 ___ Delighted with aid

Does this situation happen in your life?
0 ___ No 1 ___ Yes

HAVING A CONVERSATION WITH SEVERAL PEOPLE IN A GROUP

How much difficulty do you have in this situation?	How much does any difficulty in this situation worry, annoy or upset you?	In this situation, what proportion of the time do you wear your hearing aid?	In this situation, how much does your hearing aid help you?	In this situation, <u>with your hearing aid</u> , how much difficulty do you <u>now</u> have?	For this situation, how satisfied are you with your hearing aid?
0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not at all 2 ___ Only a little 3 ___ A moderate amount 4 ___ Quite a lot 5 ___ Very much indeed	0 ___ N/A 1 ___ Never/Not at all 2 ___ About ¼ of the time 3 ___ About ½ of the time 4 ___ About ¾ of the time 5 ___ All the time	0 ___ N/A 1 ___ Hearing aid no use at all 2 ___ Hearing aid is some help 3 ___ Hearing aid is quite helpful 4 ___ Hearing aid is a great help 5 ___ Hearing is perfect with aid	0 ___ N/A 1 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all	0 ___ N/A 1 ___ Not satisfied at all 2 ___ A little satisfied 3 ___ Reasonably satisfied 4 ___ Very satisfied 5 ___ Delighted with aid

We have dealt with some of the situations which in our experience can lead to difficulty with hearing. What we would now like you to do is to nominate up to four new situations in which it is important for you as an individual to be able to hear as well as possible.

NEW /OLD					
How much difficulty do you have in this situation?	How much does any difficulty in this situation worry, annoy or upset you?	In this situation, what proportion of the time do you wear your hearing aid?	In this situation, how much does your hearing aid help you?	In this situation, <u>with your hearing aid</u> , how much difficulty do you <u>now</u> have?	For this situation, how satisfied are you with your hearing aid?
0__ N/A 1__ No difficulty 2__ Only slight difficulty 3__ Moderate difficulty 4__ Great difficulty 5__ Cannot manage at all	0__ N/A 1__ Not at all 2__ Only a little 3__ A moderate amount 4__ Quite a lot 5__ Very much indeed	0__ N/A 1__ Never/Not at all 2__ About ¼ of the time 3__ About ½ of the time 4__ About ¾ of the time 5__ All the time	0__ N/A 1__ Hearing aid no use at all 2__ Hearing aid is some help 3__ Hearing aid is quite helpful 4__ Hearing aid is a great help 5__ Hearing is perfect with aid	0__ N/A 1__ No difficulty 2__ Only slight difficulty 3__ Moderate difficulty 4__ Great difficulty 5__ Cannot manage at all	0__ N/A 1__ Not satisfied at all 2__ A little satisfied 3__ Reasonably satisfied 4__ Very satisfied 5__ Delighted with aid
NEW /OLD					
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0__ N/A 1__ No difficulty 2__ Only slight difficulty 3__ Moderate difficulty 4__ Great difficulty 5__ Cannot manage at all	0__ N/A 1__ Not at all 2__ Only a little 3__ A moderate amount 4__ Quite a lot 5__ Very much indeed	0__ N/A 1__ Never/Not at all 2__ About ¼ of the time 3__ About ½ of the time 4__ About ¾ of the time 5__ All the time	0__ N/A 1__ Hearing aid no use at all 2__ Hearing aid is some help 3__ Hearing aid is quite helpful 4__ Hearing aid is a great help 5__ Hearing is perfect with aid	0__ N/A 1__ No difficulty 2__ Only slight difficulty 3__ Moderate difficulty 4__ Great difficulty 5__ Cannot manage at all	0__ N/A 1__ Not satisfied at all 2__ A little satisfied 3__ Reasonably satisfied 4__ Very satisfied 5__ Delighted with aid
NEW /OLD					
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