

**GLASGOW HEARING AID DIFFERENCE PROFILE
- EXISTING PATIENTS**

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**

| | | | | | |
|--|---|--|---|---|--|
| In this situation what proportion of the time do you wear your <u>current</u> hearing aid? | With your <u>current</u> hearing aid, how much difficulty do you have in this situation? | In this situation, what proportion of the time do you wear your <u>new</u> hearing aid? | In this situation, with your <u>new</u> hearing aid, how much difficulty do you now have? | In this situation, how much <u>more</u> does your <u>new</u> hearing aid help compared to your previous one? | For this situation, how much <u>more</u> satisfied are you with your <u>new</u> aid than with your previous one? |
| 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 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all | 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 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all | 0 ___ N/A 1 ___ New aid much worse 2 ___ New aid a little worse 3 ___ New aid the same 4 ___ New aid a little better 5 ___ New aid much better | 0 ___ N/A 1 ___ Much less satisfied 2 ___ Less satisfied 3 ___ Equally satisfied 4 ___ More satisfied 5 ___ Much more satisfied |

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

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

| | | | | | |
|--|---|--|---|---|--|
| In this situation what proportion of the time do you wear your <u>current</u> hearing aid? | With your <u>current</u> hearing aid, how much difficulty do you have in this situation? | In this situation, what proportion of the time do you wear your <u>new</u> hearing aid? | In this situation, with your <u>new</u> hearing aid, how much difficulty do you now have? | In this situation, how much <u>more</u> does your <u>new</u> hearing aid help compared to your previous one? | For this situation, how much <u>more</u> satisfied are you with your <u>new</u> aid than with your previous one? |
| 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 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all | 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 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all | 0 ___ N/A 1 ___ New aid much worse 2 ___ New aid a little worse 3 ___ New aid the same 4 ___ New aid a little better 5 ___ New aid much better | 0 ___ N/A 1 ___ Much less satisfied 2 ___ Less satisfied 3 ___ Equally satisfied 4 ___ More satisfied 5 ___ Much more satisfied |

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

CARRYING ON A CONVERSATION IN A BUSY STREET OR SHOP

| | | | | | |
|--|---|--|---|---|--|
| In this situation what proportion of the time do you wear your <u>current</u> hearing aid? | With your <u>current</u> hearing aid, how much difficulty do you have in this situation? | In this situation, what proportion of the time do you wear your <u>new</u> hearing aid? | In this situation, with your <u>new</u> hearing aid, how much difficulty do you now have? | In this situation, how much <u>more</u> does your <u>new</u> hearing aid help compared to your previous one? | For this situation, how much <u>more</u> satisfied are you with your <u>new</u> aid than with your previous one? |
| 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 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all | 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 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all | 0 ___ N/A 1 ___ New aid much worse 2 ___ New aid a little worse 3 ___ New aid the same 4 ___ New aid a little better 5 ___ New aid much better | 0 ___ N/A 1 ___ Much less satisfied 2 ___ Less satisfied 3 ___ Equally satisfied 4 ___ More satisfied 5 ___ Much more satisfied |

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

HAVING A CONVERSATION WITH SEVERAL PEOPLE IN A GROUP

| | | | | | |
|--|---|--|---|---|--|
| In this situation what proportion of the time do you wear your <u>current</u> hearing aid? | With your <u>current</u> hearing aid, how much difficulty do you have in this situation? | In this situation, what proportion of the time do you wear your <u>new</u> hearing aid? | In this situation, with your <u>new</u> hearing aid, how much difficulty do you now have? | In this situation, how much <u>more</u> does your <u>new</u> hearing aid help compared to your previous one? | For this situation, how much <u>more</u> satisfied are you with your <u>new</u> aid than with your previous one? |
| 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 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all | 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 ___ No difficulty 2 ___ Only slight difficulty 3 ___ Moderate difficulty 4 ___ Great difficulty 5 ___ Cannot manage at all | 0 ___ N/A 1 ___ New aid much worse 2 ___ New aid a little worse 3 ___ New aid the same 4 ___ New aid a little better 5 ___ New aid much better | 0 ___ N/A 1 ___ Much less satisfied 2 ___ Less satisfied 3 ___ Equally satisfied 4 ___ More satisfied 5 ___ Much more satisfied |

