

Characteristics of Amplification Tool (COAT)

Name: _____ Date: _____

Thank you for coming here today. Please take a few minutes to complete this short questionnaire. Should we find today that you have a hearing loss, your answers will help us understand your communication needs, your personal preferences, and your expectations. By having a better understanding of your needs, we can use our expertise to recommend the hearing solution that is most appropriate for you. By working together we will find the solution that best meets your needs.

Please complete the following questions. Be as honest as possible. Be as precise as possible. Thank you.

1. Please list the top three situations where you would most like to hear better. Be as specific as possible.

2. How important is it for you to hear better? Mark an X on the line.

Not Very Important *Very Important*

3. How motivated are you to wear and use hearing aids? Mark an X on the line.

Not Very Motivated *Very Motivated*

4. How well do you think hearing aids will improve your hearing? Mark an X on the line. I expect them to:

Not be helpful at all *Greatly improve my hearing*

5. What is your most important consideration regarding hearing aids? Rank order the following factors with 1 as the most important and 4 as the least important. Place an X on the line if the item has no importance to you at all.

_____ Hearing aid size and the ability of others not to see the hearing aids

_____ Improved ability to hear and understand speech

_____ Improved ability to understand speech in noisy situations (e.g., restaurants, parties)

_____ Cost of the hearing aids

6. Do you prefer hearing aids that: (check one)

_____ are totally automatic so that you do not have to make any adjustments to them

_____ allow you to adjust the volume and change the listening programs as you see fit

_____ no preference

7. Look at the pictures of the hearing aids. Please place an X on the picture or pictures of the style you would NOT be willing to use. Your Hearing Care Professional will discuss with you if your choices are appropriate for you – given your hearing loss and physical shape of your ear.



Behind The Ear (BTE)



In The Ear (ITE)



In The Canal (ITC)



Over The Ear (OTE)



Completely In Canal (CIC)



Receiver In Canal (RIC)

8. How confident do you feel that you will be successful in using hearing aids

Not Very Confident ----- *Very Confident*

9. There is a wide range in hearing aid prices. The cost of hearing aids depends on a variety of factors including the sophistication of the circuitry (for example, higher level technology is more expensive than the more basic hearing instruments). The price ranges listed below are for two hearing instruments. Please check the cost category that represents the maximum amount you are willing to spend. Please understand that you are not locked into that price range. It is just very helpful for us to know your budget so that we can provide you with the most appropriate hearing solution.

_____ Basic Digital Hearing Instruments: Cost Between \$XXXX to \$XXXX

_____ Basic-Plus Digital Hearing Instruments: Cost Between \$XXXX to \$XXXX

_____ Mid-Level Digital Hearing Instruments: Cost Between \$XXXX to \$XXXX

_____ High-Level Digital Hearing Instruments: Cost Between \$XXXX to \$XXXX

_____ Premium Digital Hearing Instruments: Cost Between \$XXXX to \$XXXX

Thank you for answering the questions.

Your responses will assist us in providing you with the best hearing healthcare.