



# Audiology and Speech Pathology Service Outcome Measures Questionnaire IOI-HA

OMB 2900-0770  
Estimated burden: 5 minutes  
Expiration Date xx/xx/xxxx

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VA Form 10-10128

Name (please print): \_\_\_\_\_  
Completion date (mm/dd/yy): \_\_\_\_\_

Last 4 of SSN: \_ \_ \_ \_  
Method of entry: Return Mail

*Please select the best answer to each question in regards to your most recently issued hearing aids.*

1. Think about how much you used your present hearing aid(s) over the last two weeks. On an average day, how many hours did you use the hearing aid(s)?

None       Less than 1 hour per day       1 to 4 hours per day       4-8 hours per day       More than 8 hours per day

2. Think about the situation where you most wanted to hear better, before you got your present hearing aid(s). Over the past two weeks, how much has the hearing aid helped in those situations?

Not at all       Slightly       Moderately       Quite a lot       Very much

3. Think again about the situation where you most wanted to hear better. When you use your present hearing aid(s), how much difficulty do you still have in that situation?

Very much       Quite a lot       Moderate       Slight       None

4. Considering everything, do you think your present hearing aid(s) is worth the trouble?

Not at all       Slightly       Moderately       Quite a lot       Very much

5. Over the past two weeks, with your present hearing aid(s), how much have your hearing difficulties affected the things you can do?

Very much       Quite a lot       Moderate       Slightly       None

6. Over the past two weeks, with your present hearing aid(s), how much do you think other people were bothered by your hearing difficulties?

Very much       Quite a lot       Moderate       Slightly       None

7. Considering everything, how much has your present hearing aid(s) changed your enjoyment?



Worse



Not at all



Slightly Better



Quite a lot better



Very much better

8. How much hearing difficulty do you have when you are not wearing a hearing aid?



Severe



Moderately severe



Moderate



Mild



None