

Hearing Aid Follow-Up Assessment Form

University of Pretoria etd - Sooful, P (2007) Appendix C.1

Respondent Number	Official Use Only				
	V1				1-3
District / Area	V2				4
Province	V3				5-7
Hospital	V4				8-10

Section A: Biographical Information

A.1	What is your age?		V5				11-12
A.2	Gender		V6				13-14
A.3	What is your highest level of qualification?		V7				15-16
A.4	Are you currently:		V8				17-23
	a. Working (Full time)	1					
	b. Working (Part time)	2					
	c. At school	3					
	d. At university/technikon	4					
	e. Receiving a pension/grant	5					
	f. Unemployed	6					
	g. Other (specify)	7					

Section B: Fitting of Hearing Aids

B.1	At what age did you receive your first hearing aid?		V9				24-25
B.2	How many hearing aids have you had in total?		V10				26
B.3	If more than 1, why?		V11				27-28
B.4	In which ear do you wear your hearing aid?		V12				29-31
	a. Right Ear	1					
	b. Left Ear	2					
	c. I alternate between ears	3					
B.5	Have you worn this hearing aid continuously?		V13				32-33
	Yes 1						
	No 2						
B.6	If no why not?		V14				34

Section C: Repairs / Replacement of Hearing Aids (continued)

C.4	If No, why did you not take it back?			V36						62
C.5	Was your hearing aid replaced?			V37						63-64
	Yes 1		No 2							
C.6	If your hearing aid was replaced, what was the reason? (Tick more than 1)									
	a.	It was damaged beyond repair	1	V38						65-69
	b.	You lost the original hearing aid	2	V39						
	c.	Unable to access repair services	3	V40						
	d.	Other (specify)	4	V41						
	e.	Unsure	5	V42						
C.7	Where did you get the replacement hearing aid from?									
	a.	Government Hospital	1	V43						70-74
	b.	School	2							
	c.	Donation	3							
	d.	Private Practice	4							
	e.	Other (specify)	5							
C.8	If your hearing aid was repaired, where did the repairs take place?			V44						75-79
	a.	Hospital Audiology department	1							
	b.	Hearing aid manufacturer	2							
	c.	Self	3							
	d.	Other (specify)	4							
	e.	Unsure	5							
C.9	How long did these repairs take?			V45						80-81
C.10	Was any costs inferred to you?			V46						82-83
	Yes 1		No 2							
C.11	If yes, how much?			V47						84-85

Section D: Care and Maintenance of Hearing Aids

D.1	How often do you replace the batteries in your hearing aid?									
	a.	Daily	1	V48						86-89
	b.	Weekly	2							
	c.	Monthly	3							
	d.	Other (Specify)	4							
D.2	Where do you obtain batteries from?			V49						90-92
	a.	Hospital	1							
	b.	Pharmacy	2							
	c.	Other	3							

Section D: Care and Maintenance of Hearing Aids (continued)

D.3	How much do they cost?			V50					93-94
	a.	Less than R50.00	1						
	b.	More than R50.00	2						
D.4	How often do you clean your earmould?			V51					95-98
	a.	Daily	1						
	b.	Weekly	2						
	c.	Monthly	3						
	d.	Other (specify)	4						
D.5	How do you clean your ear mould?			V52					99-100
D.6	Was your earmould ever replaced?			V53					101-102
	Yes 1		No 2						
D.7	If Yes, where was this done and how much did it cost?			V54					103
D.8	Was your earmould tube ever replaced?			V55					104-105
	Yes 1		No 2						
D.9	If Yes, where was this done and how much did it cost?			V56					106
D.10	How often do you clean your hearing aid?			V57					107-111
	a.	Daily	1						
	b.	Weekly	2						
	c.	Monthly	3						
	d.	Never	4						
	e.	Other (specify)	5						
D.11	How do you clean your hearing aid?			V58					112-113

Section E: Hearing Aid Orientation

E.1	When you were fitted with your hearing aid, was an orientation programme given to you?			N.B Researcher/interviewer will explain to the participant, what is meant by an orientation programme.					
	Yes 1		No 2	V59					114-115
E.2	Was the orientation programme done in your first language?			V60					116-117
	Yes 1		No 2						

Section E: Hearing Aid Orientation (continued)

E.3	What language was it conducted in?									
	a.	English	1	V61						117-121
	b.	Afrikaans	2							
	c.	Zulu	3							
	d.	Other (specify)	4							
E.4	Was an interpreter available?				V62					122-123
	Yes 1		No 2							
E.5	Did you fully understand everything that was covered during the orientation programme?				V63					124-125
	Yes 1		No 2							
E.6	What was done in the orientation programme? (tick all appropriate options)									
	a.	Parts of the hearing aid were explained	1	V64						126-127
	b.	Cleaning of the earmould	2	V65						128-129
	c.	Cleaning of the hearing aid	3	V66						130-131
	d.	Daily care and maintenance	4	V67						132-133
	e.	Insertion & removal of earmould/hearing aid	5	V68						134-135
	f.	Insertion and removal of battery	6	V69						136-137
	g.	Battery check	7	V70						138-139
	h.	Coping strategies for communication breakdown	8	V71						140-141
	l	Troubleshooting problems	9	V72						142-143
	j	Guarantee	10	V73						144-145
	k	Counseling on hearing loss	11	V74						146-147
	l	Expectations of the hearing aid	12	V75						148-149
	m	Auditory training	13	V76						150-151
E.7	Was a hearing aid orientation pamphlet given to you?									
	Yes 1		No 2		V77					152-153
E.8	If yes, what language was it in?									
	a.	English	1	V78						154-157
	b.	Afrikaans	2							
	c.	Zulu	3							
	d.	Other (specify)	4							
E.9	If you received a pamphlet, was it helpful to you?									
	Yes 1		No 2		V79					158-159
E.10	Did you come back for follow-up therapy and information for your hearing problem?									
	Yes 1		No 2		V80					160-161
E.11	If Yes, what was the reason?									
					V81					162
E.12	If No, what was the reason?									
					V82					163-164

Section F: Use of Hearing Aids

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F.1	Please explain briefly how you would do the following: Correct = "yes" Incorrect = "no"			yes/no	V83	V84	V85	V86	V87	V88	V89	V90	
	a.	Clean an earmould	1	1									165-166
	b.	Clean a hearing aid	2	2									167-168
	c.	Insert a mould/ hearing aid	3	3									169-170
	d.	Remove a mould/aid	4	4									171-172
	e.	Insert and remove battery	5	5									173-174
	f.	Troubleshoot problems	6	6									175-176
	g.	Adjust volume control	7	7									177-178
	h.	Manipulate the On/Off switch	8	8									179-180
F.2	Where do you keep your hearing aid when you are not using it? (Tick more than one)												
	a.	In it's box/case	1	1	1								181-184
	b.	On the table/ cupboard	2	2									
	c.	In your bag	3	3									
	d.	Other (specify)	4	4									
F.3	How often do you use your hearing aid?												
	a.	Daily	1	1	1								185-189
	b.	Once or twice a week	2	2									
	c.	Only for special occasions	3	3									
	d.	Never	4	4									
	e.	Other (specify)	5	5									
F.4	In what situations do you use your hearing aids? Tick N -Never, D -Daily, W -Weekly, O -Other												
	a.	quiet situations	1	1	1								190-192
	b.	television/music	2	2									193-195
	c.	church	3	3									196-198
	d.	social events	4	4									199-201
	e.	sports events	5	5									202-204
	f.	school	6	6									205-207
	g.	home telephone	7	7									208-210
	h.	cell phone	8	8									211-213
	i.	talking to 1 person	9	9									214-216
	j.	talking to many people	10	10									217-219
	k.	Other	11	11									220-222

Section F: Use of Hearing Aids (continued)

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F.5	Please tick Yes/ No if you are satisfied with your hearing aid in these situations.						
		Yes/ No					
	a.	quiet situations	1	V104			223-224
	b.	television/music	2	V105			225-226
	c.	church	3	V106			227-228
	d.	social events	4	V107			229-230
	e.	sports events	5	V108			231-232
	f.	school	6	V109			233-234
	g.	home telephone	7	V110			235-236
	h.	cell phone	8	V111			237-238
	i.	talking to 1 person	9	V112			239-240
	j.	talking to many people	10	V113			241-242
	k.	Other	11	V114			243-244
F.6	With your hearing aid on, can you hear the following: (tick more than 1)						
	a.	Doorbell/ knocking on the door	1	V115			245-246
	b.	A baby crying	2	V116			247-248
	c.	The telephone ringing	3	V117			249-250
	d.	A car hooter	4	V118			251-252
	e.	Someone calling your name from another room	5	V119			253-254
F.7	What are the 3 most important things you use your hearing aid for?						
	a.		1	V120			255-256
	b.		2	V121			257-258
	c.		3	V122			259-260

Section G: Participant's View on Hearing Aid Orientations

G.1	Comment on the effect that your hearing aid has had on your life since you got it.						
				V123			261-262
G.2	What are the most common problems you have with your hearing aid?						
				V124			263-264

Section G: Participant's View on Hearing Aid Orientations (continued)

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G.3	Do you think an interpreter should be available if the therapist does not speak your first language?							
	Yes 1		No 2		V125			265-266
	If No, explain why				V126			267
	If Yes, explain why				V127			268
G.4	Do you feel that one orientation session is enough?							
	Yes 1		No 2		V128			269-271
	If Yes, explain why				V129			272
	If No, explain why				V130			273
G.5	Would it be easier and more economical for you to go to the community clinics rather than hospitals, if your hearing aid needed repairs/servicing?							
	Yes 1		No 2		V131			274-275
	If Yes, explain further				V132			276
G.6	Where would you prefer to go to have your hearing aid repaired or serviced?				V133			277-279
	a.	Clinics		1				
	b.	Hospitals		2				
	c.	Other		3				

Appendix D: Evaluation Checklist

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Evaluation of the status of current hearing aid

Respondent Number:

Evaluation of status of current hearing aid & earmould. State whether part is Intact, Missing, Broken or Clogged.

To be evaluated by the researcher

a.	earmould	1	V1			1-2
b.	earmould tube	2	V2			3-4
c.	hearing aid cover	3	V3			5-6
d.	battery door	4	V4			7-8
e.	on/off switch	5	V5			9-10
f.	volume control	6	V6			11-12
g.	microphone	7	V7			13-14
h.	casing	8	V8			15-16
i.	tone hook	9	V9			17-18
j.	battery	10	V10			19-20