Audiology Services LLC

111 South Spruce Street Suite #102
Nazareth, PA 18064
Phone: 610-694-0141 Fax: 610-317-8483
E-Mail: audiologyservices@verizon.net
Web: www.audiologyservicesllcpa.com

Characteristics of Amplification Tool (COAT)   Date: _____

Name: _____ Date of Birth _____

Our goal is to maximize your ability to hear so that you can more easily communicate with others. In order to reach this Goal, it is important that we understand your communications needs, your personal preference, and your expectations. By having a better understanding of your needs, we can use our expertise to recommend the hearing aids that are most Appropriate for YOU. By working together WE will find the best solution for you.

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

1. **Please list the top 3 situations where you would most like to hear well. Be as specific as possible.**

    _____

    _____

    _____

2. How important is it for you to hear well? Circle the number.

    NOT very Important   1   2   3   4   5   6   7   8   9   10   *VERY IMPORTANT*

3. How motivated are you to wear and use hearing aids? Circle the number.

    NOT very Important   1   2   3   4   5   6   7   8   9   10   *VERY IMPORTANT*

4. How well do you think hearing aids will improve your hearing? Circle the number.

    I expect them to:

    NOT be helpful at all   1   2   3   4   5   6   7   8   9   10   *Greatly improve my hearing*

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

    _____   Hearing aid size and the ability of others not to see the hearing aids
    _____   Improve the ability to hear and understand speech
    _____   Improve 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 picture of the hearing aids. Please put an X on the picture or pictures of the style you would not be willing to use. Your Audiologist or Hearing Health care specialist will discuss with you the styles that are appropriate for you – GIVEN YOUR HEARING LOSS AND PHYSICAL SHAPE OF YOUR EAR.

ITE	ITC	CIC	RITE	BTE
In the Ear	In the Canal	Complete in Canal	Receiver in the Ear	Behind the Ear

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

NOT VERY CONFIDENT   1   2   3   4   5   6   7   8   9   10   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 basic hearing aids) and size/style (for example, the CIC hearing aids are more expensive that the BTE instruments). The price ranges listed below is for One hearing aids. 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 very helpful for us to know your budget so that we can provide you with the most appropriate hearing aids

_____ Basic Digital hearing aids   Cost is between $850.00 to $1,350.00

_____ Mid Level Digital hearing aids Cost is between $1,500.00 to $2,300.00

_____ Premium Digital hearing aids Cost is between $2,500.00 to $3,199.00