



Glasgow Hearing Aid Benefit Profile

Patient Name: Mary L. Allen

Today's Date: 3/20/2011

Does this situation happen in your life? ___ No ___ Yes						<b>LISTENING TO THE TELEVISION WITH OTHER FAMILY OR FRIENDS WHEN THE VOLUME IS ADJUSTED TO SUIT OTHER PEOPLE</b>					
How much difficulty do you have in this situation?	How much does any difficulty in this situation worry, annoy or upset you?	In this situation, what proportion of the time do you wear your hearing aid?	In this situation, how much does your hearing aid help you?	In this situation, <u>with your hearing aid</u> , how much difficulty do you now have?	For this situation, how satisfied are you with your hearing aid?						
___ N/A ___ No difficulty ___ Only slight difficulty ___ Moderate difficulty ___ Great difficulty ___ Can't manage at all	___ N/A ___ Not at all ___ Only a little ___ A moderate amount ___ Quite a lot ___ Very much indeed	___ N/A ___ Never/Not at all ___ About ¼ of the time ___ About ½ of the time ___ About ¾ of the time ___ All the time	___ N/A ___ Hearing aid no use at all ___ Hearing aid is some help ___ Hearing aid is quite helpful ___ Hearing aid is a great help ___ Hearing is perfect with aid	___ N/A ___ Only slight difficulty ___ Moderate difficulty ___ Great difficulty ___ Can't manage at all	___ N/A ___ Not satisfied at all ___ A little satisfied ___ Reasonably satisfied ___ Very satisfied ___ Delighted with aid						
Does this situation happen in your life? ___ No ___ Yes						<b>HAVING A CONVERSATION WITH ONE OTHER PERSON WHEN THERE IS NO BACKGROUND NOISE</b>					
How much difficulty do you have in this situation?	How much does any difficulty in this situation worry, annoy or upset you?	In this situation, what proportion of the time do you wear your hearing aid?	In this situation, how much does your hearing aid help you?	In this situation, <u>with your hearing aid</u> , how much difficulty do you now have?	For this situation, how satisfied are you with your hearing aid?						
___ N/A ___ No difficulty ___ Only slight difficulty ___ Moderate difficulty ___ Great difficulty ___ Can't manage at all	___ N/A ___ Not at all ___ Only a little ___ A moderate amount ___ Quite a lot ___ Very much indeed	___ N/A ___ Never/Not at all ___ About ¼ of the time ___ About ½ of the time ___ About ¾ of the time ___ All the time	___ N/A ___ Hearing aid no use at all ___ Hearing aid is some help ___ Hearing aid is quite helpful ___ Hearing aid is a great help ___ Hearing is perfect with aid	___ N/A ___ Only slight difficulty ___ Moderate difficulty ___ Great difficulty ___ Can't manage at all	___ N/A ___ Not satisfied at all ___ A little satisfied ___ Reasonably satisfied ___ Very satisfied ___ Delighted with aid						
Does this situation happen in your life? ___ No ___ Yes						<b>CARRYING ON A CONVERSATION IN A BUSY STREET OR SHOP</b>					
How much difficulty do you have in this situation?	How much does any difficulty in this situation worry, annoy or upset you?	In this situation, what proportion of the time do you wear your hearing aid?	In this situation, how much does your hearing aid help you?	In this situation, <u>with your hearing aid</u> , how much difficulty do you now have?	For this situation, how satisfied are you with your hearing aid?						
___ N/A ___ No difficulty ___ Only slight difficulty ___ Moderate difficulty ___ Great difficulty ___ Can't manage at all	___ N/A ___ Not at all ___ Only a little ___ A moderate amount ___ Quite a lot ___ Very much indeed	___ N/A ___ Never/Not at all ___ About ¼ of the time ___ About ½ of the time ___ About ¾ of the time ___ All the time	___ N/A ___ Hearing aid no use at all ___ Hearing aid is some help ___ Hearing aid is quite helpful ___ Hearing aid is a great help ___ Hearing is perfect with aid	___ N/A ___ Only slight difficulty ___ Moderate difficulty ___ Great difficulty ___ Can't manage at all	___ N/A ___ Not satisfied at all ___ A little satisfied ___ Reasonably satisfied ___ Very satisfied ___ Delighted with aid						
Does this situation happen in your life? ___ No ___ Yes						<b>HAVING A CONVERSATION WITH SEVERAL PEOPLE IN A GROUP</b>					
How much difficulty do you have in this situation?	How much does any difficulty in this situation worry, annoy or upset you?	In this situation, what proportion of the time do you wear your hearing aid?	In this situation, how much does your hearing aid help you?	In this situation, <u>with your hearing aid</u> , how much difficulty do you now have?	For this situation, how satisfied are you with your hearing aid?						
___ N/A ___ No difficulty ___ Only slight difficulty ___ Moderate difficulty ___ Great difficulty ___ Can't manage at all	___ N/A ___ Not at all ___ Only a little ___ A moderate amount ___ Quite a lot ___ Very much indeed	___ N/A ___ Never/Not at all ___ About ¼ of the time ___ About ½ of the time ___ About ¾ of the time ___ All the time	___ N/A ___ Hearing aid no use at all ___ Hearing aid is some help ___ Hearing aid is quite helpful ___ Hearing aid is a great help ___ Hearing is perfect with aid	___ N/A ___ Only slight difficulty ___ Moderate difficulty ___ Great difficulty ___ Can't manage at all	___ N/A ___ Not satisfied at all ___ A little satisfied ___ Reasonably satisfied ___ Very satisfied ___ Delighted with aid						