

# Hearing Aid Re-Programming Form

Does your hearing Aid Squeal or need to be ReProgrammed? If so, please fill out this form as completely as possible—every detail will help us program the hearing aid to your needs.

Circle One

## Feedback

Constant Feedback	<b>Yes</b>	<b>No</b>
Feedback when moving head, chewing, talking	<b>Yes</b>	<b>No</b>
Feedback when using Phone	<b>Yes</b>	<b>No</b>

## Circuit Noise

Hissing Noise	<b>Yes</b>	<b>No</b>
Pumping Noise	<b>Yes</b>	<b>No</b>

## Loudness

All Sounds: Too Loud	<b>Yes</b>	<b>No</b>
All Sounds: Too Soft	<b>Yes</b>	<b>No</b>
Own Voice: Too Loud	<b>Yes</b>	<b>No</b>
Own Voice: Too Soft	<b>Yes</b>	<b>No</b>
Other Voices: Too Loud	<b>Yes</b>	<b>No</b>
Other Voices: Too Soft	<b>Yes</b>	<b>No</b>
Distant Voices: Too Loud	<b>Yes</b>	<b>No</b>
Distant Voices: Too Soft	<b>Yes</b>	<b>No</b>
Telephone: Too Loud	<b>Yes</b>	<b>No</b>
Telephone: Too Soft	<b>Yes</b>	<b>No</b>

## Sound Quality

All Sounds: Tinny, Sharp	<b>Yes</b>	<b>No</b>
All Sounds: Boomy, Bassy	<b>Yes</b>	<b>No</b>
All Sounds: Unclear	<b>Yes</b>	<b>No</b>
Own Voice: Hollow, Echo, Barrel, Muffled, Plugged	<b>Yes</b>	<b>No</b>
Own Voice: Boomy, Bassy	<b>Yes</b>	<b>No</b>
Own Voice: Sharp, Tinny, Shrill	<b>Yes</b>	<b>No</b>
Own Voice: Nasal	<b>Yes</b>	<b>No</b>
Other Voices: Harsh, Tinny, Sharp	<b>Yes</b>	<b>No</b>
Other Voices: Bassy, Boomy	<b>Yes</b>	<b>No</b>
Music: Tinny, Sharp	<b>Yes</b>	<b>No</b>
Music: Boomy, Bassy	<b>Yes</b>	<b>No</b>

## Clarity

In quiet one-on-one, not clear	<b>Unclear</b>	<b>Clear</b>
Women and childrens voices	<b>Unclear</b>	<b>Clear</b>
In noise, Restaurants, Parties	<b>Unclear</b>	<b>Clear</b>
In Noise, outside, traffic, cars	<b>Unclear</b>	<b>Clear</b>