

# Miracle-Ear® Digital/Programmable Hearing Instrument Evaluation Questionnaire



**In order to help us optimize your hearing instrument(s) for you, we need your input! Please complete the following questionnaire and bring it with you to your next follow-up visit.**

- 1. The overall sound quality of my hearing system is:**

☐ Good  
☐ Needs improvement. (Please describe.)

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- 2. The sound quality of my hearing system for music is:**

☐ Good  
☐ Needs improvement. (Please describe.)

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- 3. Do you have trouble understanding speech in quiet environments?**

☐ No  
☐ Yes, in some situations. (Please describe.)

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- 4. Do you have trouble understanding television?**

☐ No  
☐ Yes, in some situations. (Please describe.)

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- 5. Do you have trouble understanding speech in noisy environments?**

☐ No  
☐ Yes, in some situations. (Please describe.)

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- 6. The overall loudness of sounds is:**

☐ OK ☐ Too soft ☐ Too loud

Soft sounds like a clock ticking, a fan or rustling leaves are:

☐ OK ☐ Too soft ☐ Too loud

Loud sounds like silverware clanging, telephone ringing, traffic noise are:

☐ OK ☐ Too soft ☐ Too loud

Please list any particular sounds that are bothersome to you:

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- 7. The overall loudness of speech is:**

☐ OK ☐ Too soft ☐ Too loud

Softer levels of speech are:

☐ OK ☐ Too soft ☐ Too loud

Conversational levels of speech are:

☐ OK ☐ Too soft ☐ Too loud

My own voice sounds:

☐ OK ☐ Too soft ☐ Too loud

- 8. Does your hearing aid whistle when it's in your ear?**

☐ No  
☐ Always  
☐ In quiet situations  
☐ On the telephone  
☐ While chewing or talking