



## Heard It Through The Grapevine Audiology, PC

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### Characteristics of Amplification Tool (COAT)

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_ Date: \_\_\_\_\_

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 communication needs, your personal preferences, 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 as honest as possible. Be as precise as possible. Thank you.

1. Please list the top three situations where you would most like to hear better. Be as specific as possible.

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2. How important is it for you to hear better? Choose one of the tick marks.

*Not Very Important* |-----|-----|-----|-----|-----| *Very Important*

3. How motivated are you to wear and use hearing aids? Choose one of the tick marks.

*Not Very Motivated* |-----|-----|-----|-----|-----| *Very Motivated*

4. How well do you think hearing aids will improve your hearing? Choose one of the tick marks.

I expect them to:

*Not be helpful* |-----|-----|-----|-----|-----| *Greatly improve my hearing*

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

\_\_\_ Connectivity to cell phone /other media      \_\_\_ Rechargeability / no battery to change

\_\_\_ Cosmetics / Invisibility      \_\_\_ Cost of the hearing aids

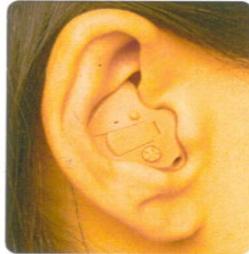
6. Do you prefer hearing aids that: (check one)

- 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 pictures of the hearing aids. Please place an X on the picture or pictures of the style you would **NOT** be willing to use. Your audiologist will discuss with you if your choices are appropriate for you – given your hearing loss and physical shape of your ear.



BTE



Full Shell



Canal



Mini  
BTE



Half Shell/  
Low profile



CIC



Lyric Hearing  
Aid

8. Are you interested in the Lyric extended wear hearing device, worn 24/7 and replaced approximately every 8-12 weeks?

\_\_\_\_\_ yes    \_\_\_\_\_ no    \_\_\_\_\_ unsure, would like more information

9. Are you interested in a device with telehealth / remote programming capabilities?

\_\_\_\_\_ yes    \_\_\_\_\_ no    \_\_\_\_\_ unsure, would like more information

10. How confident do you feel that you will be successful in using hearing aids.

*Not Very Confident* |-----|-----|-----|-----|-----| *Very Confident*