



## Characteristics of Amplification Tool (COAT)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Audiologist: \_\_\_\_\_

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 hearing aids that are **the most appropriate for YOU**. By working together, we will find the best solution for your hearing needs.

Please complete the following questions. Be as honest as possible. Be as precise as possible. The answers will help us be more successful in our recommendations. Thank you.

1. Please list the **top three** situations where you would most like to improve your hearing. Be as specific as possible.

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2. How important is it for you to improve your hearing? Mark an X on the line.

*Not very important -----Very important*

3. How motivated are you to wear and use hearing aids? Mark an X on the line.

*Not very motivated -----Very motivated*

4. How well do you think hearing aids will improve your hearing? Mark an X on the line.

I expect hearing aids to:

*Not be helpful -----Greatly improve my  
at all quality of life & 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. Please an X on the line if the item has no importance to you at all.

\_\_\_ Hearing aid size and ability of others not to see the hearing aids.

\_\_\_ Improved ability to hear and understand speech.

\_\_\_ Improved ability to understand speech in noisy situations (ex: restaurants, parties)

\_\_\_ Cost of hearing aids.

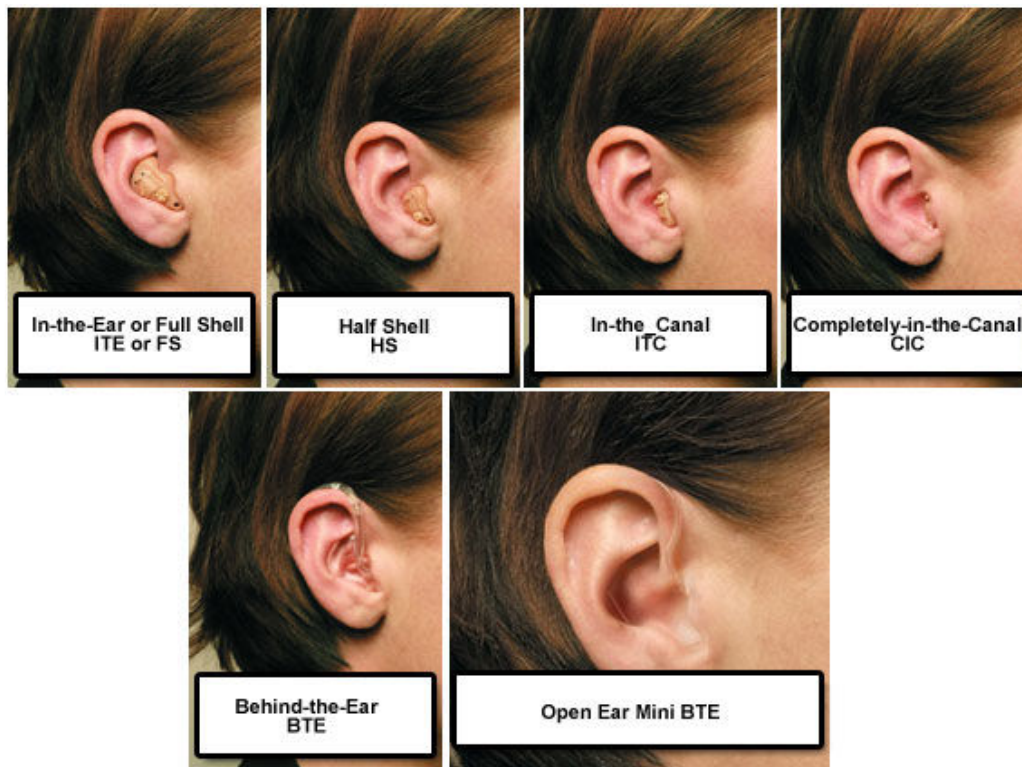
6. Do you prefer hearing aids that: (check one)

\_\_\_ 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 over 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, communication needs, vision, dexterity and physical shape of your ear.



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

*Not very confident -----Very confident*

9. There is a wide range of hearing aid prices. The cost of hearing aids depends upon the sophistication of the circuitry. The more sophisticated, the more expensive. Level 1 is our least expensive option with manual controls while Level 4 is the most advanced and carries the largest price (also fully automatic). Additionally, the costs include the professional services for routine follow-up care. Proper follow-up with our office is directly related to patient satisfaction.

Knowing the above, 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 just very helpful for us to know your budget so that we can provide you with the most appropriate hearing aids.

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|-----------------------|----------------------|
| _____ Level 1 Digital | \$2625 - \$3600/pair |
| _____ Level 2 Digital | \$3600 - \$5600/pair |
| _____ Level 3 Digital | \$5000 - \$6100/pair |
| _____ Level 4 Digital | \$6100 - \$7500/pair |

**Thank you for your responses.**

**Your Doctor of Audiology will use your answers to help formulate an individual hearing rehabilitation plan and amplification recommendation.**