

ADHEAR Use and Satisfaction Questionnaire



Name: _____ Number of days since fitting: _____ Date (mm/dd/yyyy): _____

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1. How often did you/your child on average change the ADHEAR adhesive adapter? Less than once a week
Once a week
Twice a week (every 3 to 4 days)
Every second day
Every day
More than once a day
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2. Did the ADHEAR adhesive adapter fall off during normal use? Never
Only once
Less than once a week
More than once a week
Every day
-
3. How many hours a day did you/your child use the ADHEAR system? _____ hours a day
-
4. How easy or difficult was the maintenance (e.g. cleaning, drying, etc.) of the audio processor? Easy
Reasonable
Difficult
Did not try
-
5. On average, how often did you/your child change the battery? Every _____ days.
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6. Was the positioning tool helpful in placing the adhesive adapter behind the ear? Very useful
Useful
No difference
Not useful at all
Did not try
-
7. Was the ADHEAR System a valuable aid for you/your child? Very valuable
Valuable
Partially valuable
Not valuable
-
8. Did you/your child notice wearing the adhesive adapter? Hardly ever, most of the time I/my child didn't notice it.
Rarely, sometimes I/my child noticed it.
Yes, but it does not annoy me/my child.
Yes, I am/my child is often annoyed by it.
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9. Did you/your child notice wearing the ADHEAR audio processor? Hardly ever, most of the time I/my child didn't notice it.
Rarely, sometimes I/my child noticed it.
Yes, but it does not annoy me/my child.
Yes, I am/my child is often annoyed by it.
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10. How easy or difficult was it to handle the volume control? Good
Acceptable
Difficult
Unsure
Not applicable
-

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| 11. Could you/your child comfortably wear glasses and the processor at the same time? | Yes No, because _____ Did not try |
| 12. What is your/your child's experience in placing the adhesive adapter behind the ear? | Most of the time one attempt was needed. Most of the time more than one attempt was needed. Help was required. |
| 13. What is your/your child's experience in attaching the audio processor to the adhesive adapter behind the ear? | Most of the time one attempt was needed. Most of the time more than one attempt was needed. Help was required. |
| 14. How have other people reacted to your/your child's new hearing device? | Positive _____ Not positive _____ Neutral |
| 15. Did you/your child suffer from skin problems or irritation from the ADHEAR adhesive adapter? | No, never Yes, a little Yes, bothersome Yes, very bothersome |
| 16. How did you/your child rate the sound quality from the device? | Very good Good Acceptable Bad Very bad |
| 17. How did you/your child rate the cosmetics of the ADHEAR adhesive adapter and the audio processor? | Very good Good Acceptable Bad Very bad |
| 18. Have you observed a reduction in listening fatigue as a result of wearing ADHEAR? | Yes, a great deal less Yes, somewhat No difference from my other device No difference from wearing no device Increased listening fatigue |
| 19. How confident did you/your child feel when wearing the processor? | Very confident Confident Neutral/no different Not so confident Not confident at all |
| 20. SSD only: Have you noticed any reduction of neck muscle tension after wearing ADHEAR? | Yes, a great deal less Yes, somewhat No difference Increased muscle tension |
| 21. Do you/your child have any other comments or requests? | |