



### Characteristics of Amplification Tool (COAT)

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. With this information, we can use our expertise to make a recommendation of hearing aids or other solutions that are most appropriate for your individual needs.

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?

*Not Very Important*      1      2      3      4      5      *Very Important*

3. How motivated are you to wear and use hearing technology?

*Not Very Motivated*      1      2      3      4      5      *Very Motivated*

4. How well do you think hearing technology will improve your hearing?

*Not be helpful at all*      1      2      3      4      5      *Greatly improve my hearing*

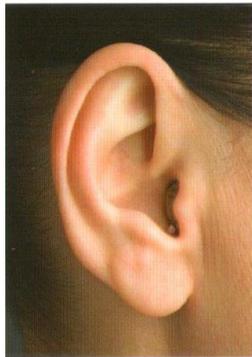
5. How confident do you feel that you will be successful in using hearing technology.

*Not Very Confident*      1      2      3      4      5      *Very Confident*

6. What is your most important consideration regarding hearing technology? 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.

- \_\_\_ Hearing aid size and the ability of others not to see the hearing aids
- \_\_\_ Improved ability to hear and understand speech
- \_\_\_ Improved ability to understand speech in noisy situations (e.g., restaurants, parties)
- \_\_\_ Cost of the hearing aids

7. 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
8. Please place an X on the pictures of the hearing aid(s) that you **WOULD** be willing to wear.



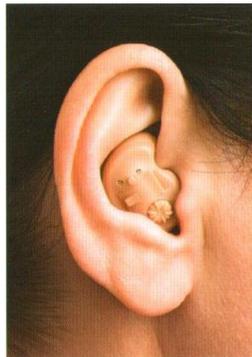
Micro CIC



CIC



Half Shell



Full Shell



Standard  
BTE



RIC/RITE

9. It is helpful for us to understand your budget so that we can develop the most effective treatment plan while staying within your financial abilities. The fees listed below are for **TWO hearing devices including professional services to properly fit the devices**. Device fees are determined by level of technology, style, warranty duration, etc. **Please select the cost category that best represents the maximum amount you would like to spend.**

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|--------------------------|---------------------------------|-----------------|
| <input type="checkbox"/> | Elite Hearing Technology:       | \$4500-\$5500   |
| <input type="checkbox"/> | Premium Hearing Technology:     | \$3000-\$4500   |
| <input type="checkbox"/> | Advanced Hearing Technology:    | \$2000-\$3000   |
| <input type="checkbox"/> | Basic Hearing Technology:       | \$1600-\$1800** |
| <input type="checkbox"/> | Value Level Hearing Technology: | \$1000-\$1220** |

*\*\*Basic and Value level technology is dispensed entirely fee-for-service. Follow-up appointments, remakes and service are billed separately.*

**Thank you for answering the questions.  
Your responses will assist us in providing you with the best hearing healthcare.**