



Are You Hearing Everything You Could?

Hearing Assistive Technology
and a Telecoil Might Be the
Key to Better Hearing



Do You Think You Have a Hearing Loss?

Are you afraid to know for sure?

Many people might notice they have a hard time hearing in certain situations but don't do anything about it, at least not immediately. This could be for many reasons. Maybe it's denial—they're afraid they might find out they actually do have a hearing loss. Or maybe it doesn't affect their daily lives so they don't see a need to do anything about it.

But for whatever reason people have for not getting a hearing test, it's not unusual. On average it takes people seven years from the time they suspect they might have a hearing loss to the time they seek treatment. There is no reason to wait. In fact, just as with most medical conditions, the earlier it is detected the better the chances something can be done to help. So, why are you waiting?

Here are some basic questions and tips to help determine if you might have a hearing loss. However, this is just a guide; if you suspect a hearing loss or just have a little difficulty hearing every now and then it is important to see a hearing health care or medical professional for a full evaluation.

How can I tell if I have a hearing loss?

Do you...

- often ask people to repeat themselves?
- have trouble hearing in groups or loud environments, such as at parties or restaurants?
- often think others are mumbling?
- fail to hear someone talking from behind you?
- turn up the volume on the TV or car radio?
- have difficulty hearing on the phone?
- have trouble hearing your alarm clock?
- have difficulty hearing at the movies?

If you answered "yes" to any of these questions it could indicate a hearing loss.

I hear just fine most of the time so I don't have a hearing loss, do I?

The only way to know for sure is to get your hearing checked. Other people sometimes suspect we have a hearing loss before we do ourselves, so if someone mentions they have noticed you have trouble hearing them, take them seriously and get a hearing test.

There are many factors that determine how well we hear in various situations: the pitch of the speaker's voice, whether or not we can see the speaker's face, the presence of background noise, the acoustics of the room, how far we are from the speaker, whether we are stressed or tired, the lighting and the seating arrangement are all things that can impact how well we hear.

But despite acknowledging that some or all of these apply, we might still hear better at some times more than others, which might prevent us from seeing the need to get our hearing checked. Don't let it stop you; having trouble hearing in even one of these scenarios could indicate a hearing loss.

Did you know that...

- Approximately **48 million Americans** have a significant hearing loss.
- People with hearing loss **wait an average of 7 years** before seeking help.
- Of Americans in the workplace, **22 million**—or about **22 percent**—are exposed to hazardous noise levels at work.
- The Americans with Disabilities Act (ADA) prevents an employer from firing any person with "impairments that substantially limit a major life activity." **This includes hearing loss.**
- **12.5 percent of kids between the ages of 6 and 19** have hearing loss as a result of listening to loud music, particularly through earbuds at unsafe volumes.
- **2.7 million veterans** receive either disability compensation for service-connected hearing disabilities or are in treatment for related hearing issues.

But I don't know anyone else with hearing loss. Where are they?

Baby boomers are starting to lose hearing from rock concerts they went to when they were young; young people are spending hours listening to music through earbuds played at an unsafe volume; we are living longer and more people are losing their hearing as they age. So it is very likely that someone you know has a hearing loss, even if he or she doesn't talk about it or realize it yet. As people start to lose their hearing they look around at their co-workers, colleagues, friends and family and feel uncomfortable talking about having difficulty hearing because they think they are the only one with this problem.

Consider these situations:

- Are you embarrassed to talk openly about not being able to hear?
- Have you stopped doing things you used to enjoy because you can't always hear well enough to join in fully anymore?
- At work are you afraid to tell people about your hearing loss for fear it could jeopardize your job or because your supervisor and co-workers might see you as less competent?
- Do you sometimes bluff when in you're in a noisy place because you can't understand what is being said?
- Are you feeling cut off from young children because you cannot hear their high-pitched voices?
- Are family holidays a strain because so many people are talking at once?

These are common reactions and can lead to withdrawal from social interaction, anxiety, loss of self-esteem and even depression.

What causes hearing loss?

Hearing loss can be caused by many things, including noise, heredity, excessive earwax, aging, some medications, infections, and medical conditions such as diabetes.

What other medical conditions could contribute to hearing loss?

- **Ménière's disease** causes excess fluid to build in the inner ear putting increased pressure on the balance and hearing system.
- **Otosclerosis** is a hereditary disorder in which a bony growth forms around a small bone in the middle ear, preventing it from vibrating when stimulated by sound.
- **Otitis Media** is an infection of the middle ear in which an accumulation of fluid might interfere with the movement of the eardrum and ossicles (small bones which vibrate to sound).

- **Tinnitus** is a common symptom indicated by ringing or a sensation of noise in the ear and/or head. It is associated with middle ear infections, aging, noise exposure, certain medications, and could be a symptom of other medical conditions.

How does noise affect hearing?

Prolonged exposure to loud noise, sudden blasts such as those experienced in the military, loud concerts, music being played at an unsafe volume, and machinery such as leaf blowers and lawn mowers with no ear protection can cause permanent damage to the inner ear over time. No medical or surgical treatment can correct a hearing loss resulting from noise exposure. Prevention is important.

What should I do if I think I have a hearing loss?

If you suspect you might have a hearing loss it is important to get your hearing checked by a professional. This will also help determine if there is any underlying medical condition causing the problem.

To get your hearing checked you can see an ear, nose and throat (ENT) specialist, an otolaryngologist or otologist, your primary care physician or go directly to an audiologist. You will find out if you have a hearing loss, what might be causing it, and if it can be treated. For example, fluid in the middle ear or wax in the ear canal can cause hearing loss and is easily treatable.



Information provided by the National Institute on Deafness and Other Communication Disorders (NIDCD), part of the National Institutes of Health.

What if they tell me I do have a hearing loss?

If you find out you have a hearing loss, don't despair. There are several things you can do to hear and cope better in situations that have caused you difficulty when communicating.

In the event that you are diagnosed with a hearing loss the physician should refer you to a qualified hearing health care professional, such as an audiologist, for a full hearing test. This test will tell you the degree and type of hearing loss and also determine if you could be helped by hearing aids or some other type of assistive listening device. The hearing health care professional will recommend the best type of hearing aid or device for your hearing loss.

If the physician finds no medical cause for your hearing loss and does not refer you for further testing and tells you that nothing can be done for you, you shouldn't take their word for it. Make an appointment directly with a hearing health care professional for a full hearing test and evaluation.

If a hearing aid is recommended where do I get one? Will my insurance cover it?

Hearing aids are sold by audiologists and hearing instrument specialists. "Dispenser" is a generic term for those who sell and fit hearing aids. There are many types of hearing aids that vary in cost, design, and features. Hearing aids are covered by some private insurance plans, company plans, the Federal Employee Health Benefit Plan, and Tricare (a plan for active and retired military and their families). Some insurance plans cover hearing testing, but not the hearing aids. Medicare does not cover hearing aids. Some states, under Medicaid, will cover hearing aids. You can find more information about financial assistance resources on our website.

Is there anything I should be aware of when buying my hearing aids?

Purchasing a Hearing Aid—A Consumer Checklist (available for download on our website) provides helpful information so you know what to ask and look for when purchasing hearing aids.

Most states have laws in place that require a minimum 30-day trial period for hearing aids. However, laws vary from state to state; some mandate a longer period, some none at all, and some dispensers will provide more time on their own. Ask your dispenser to provide a written statement regarding the trial period, with the start and end dates noted, as well as whether the trial period will be stopped if you need to return the hearing aids for repairs during the trial.

It is important to find a hearing health care provider you are comfortable with and who will work with you until you get the optimum results to help you with your hearing loss. Ask about various options available in the hearing aid, such as a t-coil (telecoil) that is convenient to use with telephones and hearing assistive technology.

It is highly recommended that you purchase your hearing aids (especially if it's the first time) through a professional dispenser. Buying them elsewhere, such as online, might not include the necessary follow-up to ensure a proper fitting and adjustment to the hearing aid.

Is there anything else should I know about hearing aids?

Hearing aids will not correct hearing like glasses correct vision. Don't expect "20/20 hearing." But they will help you hear in many situations where you were previously unable to.

After you get your new hearing aids follow-up visits with your provider will probably be necessary for minor adjustments. Getting used to them can take time and perseverance, but it will be worth it. You might even have a love/hate relationship with your hearing aids, at first. Very few people are enthusiastic about getting hearing aids, but after a while you will not want to be without it.

A hearing aid coupled with your willingness to tell others how to communicate with you and your practicing good speechreading and communication strategies is a winning combination that will help get you back into the social scene and enjoy everyday life just a little bit more.

What is hearing assistive technology?

Hearing assistive technology (HAT) is any technological device or system (such as an audio loop, FM system or infrared system) which help you better hear and understand in many situations where acoustics are poor, background noise is bothersome, or where the speaker is a long distance away. Most HAT devices can be used with or without hearing aids. In public places such as theaters, listening systems are required under the Americans with Disabilities Act (ADA) to make programs and services accessible. But, you must ask for this accommodation.

What is a hearing health care professional?

Audiologists and hearing aid specialists (also called hearing instrument specialists) are hearing health professionals. They both test hearing and fit hearing aids. Audiologists have broader training.

An **audiologist** is a hearing health care professional qualified to do a thorough evaluation of your hearing. The audiologist can determine the type and degree of your hearing loss and whether or not hearing aids will help. If so, they will recommend the best type for your hearing loss. The audiologist could also recommend a treatment program to assist you with your communication needs and, if an underlying medical condition is indicated, getting a medical evaluation by a specialist or your primary care physician.

For more information or to find an audiologist near you contact the American Speech-Language-Hearing Association (ASHA) at 800.222.8255 or visit asha.org. You can also contact the American Academy of Audiology at 800.222.2336 or online at audiology.org.

A **hearing instrument specialist** is a hearing health care professional certified by the National Board for Certification in Hearing Instrument Sciences (NBC-HIS) and must be licensed or registered in their state. The hearing instrument specialist does assessments, fits and dispenses hearing aids, and provides instruction in the use and care of hearing aids and related devices.

For a hearing instrument specialist near you contact the International Hearing Society (IHS) at 800.521.5247 or online at ihinfo.org.

What are otolaryngologists and otologists? What's the difference?

Otolaryngologists (oh/toe/lair/in/goll/oh/jists), commonly referred to as an "ENT" (ear, nose, and throat) doctor, and **otologists** (oh/TOL/oh/jists) are physicians and surgeons who specialize in the treatment of diseases of the ear, nose, throat, head and neck. An otolaryngologist mainly treats conditions related to the ears, nose, throat and sinuses. An otologist is also an otolaryngologist but who has additional training and specializes in disorders of the ear.

For an otolaryngologist near you contact the American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) at 703.836.4444 or visit entnet.org. For a local otologist contact the American Otological Society at 217.638.0801 or online at americanotologicalsociety.org.

Basic Communication Strategies

There are simple things you can do to hear better whether you already wear hearing aids or not. Developing good communication skills is a two-way street; they must be practiced by all parties in a conversation—hearing loss or no hearing loss—to get the maximum benefit.

Tips for a hearing person to communicate with someone who has a hearing loss include:

- Get their attention first.
- Face the person directly.
- Spotlight your face (no backlighting).
- Avoid noisy backgrounds.
- Ask how you can best facilitate communication.
- When audio and acoustics are poor, emphasize the visual. Get the point across.
- Do not shout.
- Speak clearly, at a moderate pace, not overemphasizing words.
- Don't hide your mouth, chew food or gum, or smoke while talking.
- Rephrase if you are not understood.
- Use facial expressions, gestures.
- Give clues when changing subjects or say, "new subject."
- Establish empathy with your audience.

- Be patient if the response seems slow.
- Speak directly to the person with the hearing loss, not about him or her to another person.
- Show respect to help build confidence and have a constructive conversation.
- Maintain a sense of humor, stay positive and relaxed.

Tips for a person with hearing loss when communicating with a hearing person include:

- Tell them how best to speak to you.
- Pick your best spot (light, quiet area, close to speaker).
- Anticipate difficult situations, plan how to minimize them. Do your part.
- Pay attention.
- Concentrate on the speaker.
- Look for visual clues.
- Ask for written cues if needed.
- Don't interrupt. Let conversation flow to fill in the blanks and gain more meaning.
- Maintain a sense of humor, stay positive and relaxed.
- Establish empathy with your audience.
- Let the speaker know how well he or she is conveying the information.
- Don't bluff. Admit it when you don't understand.
- If you're too tired to concentrate, ask for discussion later.
- Thank the speaker for trying.

Find Support in HLAA Chapters

When you join a local HLAA Chapter you will meet others with hearing loss, and learn more about hearing loss, coping strategies, how to be assertive in communication situations, and hearing assistive technology.

HLAA Chapters typically meet monthly. Many feature speakers who discuss all kinds of topics, such as hearing aids, assistive listening devices, TV captioning, cochlear implants, how to communicate with your spouse and family members, hearing in public places and meetings, coping at work, and much more. Visit hearingloss.org/chapters-state-orgs to find a chapter near you.

Join HLAA

There is help available even beyond the hearing aid. Join HLAA and learn more about what you can do to live more successfully with hearing loss. Visit hearingloss.org for more information or to join.

The Hearing Loss Association of America (HLAA), founded in 1979, opens the world of communication to people with hearing loss through information, education, support, and advocacy. HLAA publishes the bimonthly magazine, *Hearing Life*, holds annual conventions, holds Walk4Hearing events in cities throughout the country, hosts monthly webinars and more. The national support network includes the Washington, D.C. area office, state organizations, and local chapters.



Hearing assistive technology (HAT) can dramatically improve the lives of people with hearing loss. HAT, also referred to as an assistive listening system (ALS) or assistive listening device (ALD), bridges the gap between you and the sound source by eliminating the effects of distance, background noise, and reverberation. They can bypass challenging acoustics by sending sound directly to a user's ears.

Hear Better in Public Places

An ALS is the gateway through which people with hearing loss access sound being transmitted through a public address or sound system. But in order to easily connect to an ALS it is imperative that your hearing device is equipped with a telecoil.

Ask Your Hearing Care Provider About Telecoils

Telecoils expand the usefulness of hearing aids and cochlear implants, especially in environments where it is typically challenging to hear clearly. A telecoil (or t-coil), is a small copper wire that is an option on most hearing aids, all cochlear implant processors, and some audio streamers. T-coils are an essential component for anyone wishing to easily and directly access an assistive listening system.

Hearing devices with a telecoil can have a dramatic impact on your ability to hear clearly on the telephone, in meetings, a noisy restaurant, at the theater, while navigating airports, bus and train stations, and other challenging environments. When your telecoil is used together with any type of hearing assistive technology it can make a noticeable difference in your life. This pairing of technology allows sound to be transmitted directly from the source to your hearing device, eliminating most of the background noise.

Many hearing aids and cochlear implants available today come with a t-coil already installed. However, make sure to ask your hearing care provider to confirm that the hearing device you are purchasing has a telecoil and that it is programmed and activated.



No Hearing Aid or Telecoil? No Problem!

People who do not wear hearing aids or whose hearing aids do not have a telecoil can still have communication access by using a hearing loop, FM or infrared (IR) system in conjunction with a receiver and headphones. You can also use a telecoil-equipped personal amplifier or special telecoil-equipped earbuds and a smartphone.

In addition, the Americans with Disabilities Act (ADA) requires that state and local governments along with businesses and nonprofit organizations that serve the public provide equally effective communication access for people with communication disabilities as those without a disability. All assistive listening systems are required to be accessible by people with hearing aids, with hearing aids but no telecoil, and without hearing aids. Hearing loops, FM and IR systems all meet this mandate.

If you struggle to hear but don't yet have a hearing aid or cochlear implant, an assistive listening system can still help.

Phonak's Roger Pen (left) and Williams Sound, LLC's Pocketalker (right) are examples of assistive listening devices that can help reduce background noise in louder environments by sending sound directly to your ears through your hearing aids, cochlear implants or a neckloop with headphones.

Hearing Loops—Hearing loops, or induction loops, consist of a copper wire placed around a room which is connected to a public address or sound system. An electromagnetic field is created that connects to a telecoil in hearing aids, cochlear implants or telecoil-enabled receivers.

Loops are the most user-friendly of the assistive listening options and the first choice for many users. Hearing loops are simple, discreet and effective. By simply switching the device to the telecoil program the user receives sound directly.

People who do not have hearing aids or who do not have access to telecoils in their hearing aids or streamer need to use a hearing loop receiver and headphones to connect to the system.

Infrared—Infrared (IR) systems work like a TV remote control. A transmitter sends speech or music from a public address or sound system to an IR receiver using invisible infrared light waves. This technology is line of sight and cannot be used outdoors during the daytime due to being affected by light. Because IR signals are sent and received in a straight line, users are encouraged to sit as centrally as possible; those sitting in balconies or other areas with a poor line of sight might experience interference or receive no sound signal at all.

Anyone who uses an IR system needs a receiver and either headphones or a neckloop. For those who have telecoils in their hearing aids and cochlear implants, neckloops eliminate the need for headphones.

FM—FM systems, or radio frequency assistive listening systems, are a wireless low-power FM frequency radio transmission from a sound system to a receiver. An advantage of this system over an infrared system is that it is not affected by direct sunlight. FM systems are frequently used by students with hearing loss in the classroom.

Everyone using the FM system needs a receiver and either headphones or neckloop. For those who have telecoil-equipped hearing aids and cochlear implants, neckloops eliminate the need for headphones.



This universal symbol lets you know there is a hearing loop installed in the room or venue.

What Is an Assistive Listening Device?

An assistive listening device (ALD) expands the functionality of hearing aids and cochlear implants by helping separate the sounds you want to hear from background noise, and by enabling you to hear when the speaker is more than a few feet away.

An ALD consists of a microphone placed at the source of the sound, a transmitter to send the signal, a receiver to intercept the signal, and any one of several different listening attachments to send sound from the receiver to the user's device.

The speaker uses the microphone to transmit the sound to the user's ear, thus reducing the degrading effects of noise and distance on speech intelligibility. An example of how you might use an ALD is communicating with your grandchild at a large family gathering. Your grandchild speaks into the microphone and the sound is transmitted to your hearing device reducing competing noise so you can understand them more clearly.

Using Bluetooth with Your Hearing Device

Bluetooth is a relatively short-range wireless technology frequently used to connect cell phones, televisions, computers, tablets and, more recently, hearing aids and cochlear implants. Bluetooth technology in hearing devices is sometimes proprietary, that is, designed for a specific brand and/or model of the device. While this technology is evolving, it is still generally not suited for long-range transmission in a large venue such as an auditorium or theater.

What Can I Do to Hear Better in Noise?

People with hearing loss typically find that environments with a lot of background noise are the most challenging to hear in. One of the simplest ways to help hear better in these situations is to use a personal amplifier. A personal amplifier is a single unit with jacks for a microphone and a listening attachment, and volume control. These devices help reduce the effects of background noise when you are close to the speaker, such as in a car or restaurant.

There are also ways to hear better in noise when the speaker is more than a few feet away. FM, IR and hearing loop systems transmit sound over longer distances, such as a student hearing a teacher who is speaking from the front of the classroom. All of these systems can be scaled for use in both smaller (i.e., home) and larger (i.e., auditoriums) environments.



Tips

- When purchasing a hearing aid don't assume it will automatically come with a telecoil or even if one will be recommended by your provider. Also, if a telecoil is present don't assume it has been programmed to suit your individual needs.
- Approximately 71 percent of all hearing aids dispensed in the United States today have telecoils, yet few consumers are told about them and know how to use them. You can use the HLAA Consumer Checklist when purchasing a hearing aid (available for download at hearingloss.org or ordered in hard copy from the HLAA Online Store) to assist you in making a purchase decision. In addition to other helpful information, the checklist includes asking about telecoils. Some states have laws that require audiologists and hearing instrument specialists to tell consumers about telecoils when purchasing hearing aids.
- Be sure to check with your audiologist or hearing instrument specialist to ensure that the settings for your telecoil are maximized for use with assistive listening devices.
- Access to public places for individuals with disabilities is required by the Americans with Disabilities Act. If you think an assistive listening device would benefit you on the job or in your classroom, you should find out the process from that facility for requesting a reasonable accommodation (in private settings) or for auxiliary aids and services (in public settings).
- Advocate for assistive listening devices and systems at places you regularly attend, such as place of worship, classroom, community center. Encourage the venue to advertise that they have these available so others can take advantage of them as well.

Get more information and support from your local HLAA Chapter!

Chapters are a place to meet others who are just like you right in your own community. For more information and to find an HLAA Chapter near you go to hearingloss.org.

About the Hearing Loss Association of America

The Hearing Loss Association of America (HLAA) is the nation's leading organization representing the 48 million Americans with hearing loss. HLAA publishes the bimonthly magazine, *Hearing Life*, holds annual conventions, produces the Walk4Hearing, offers training courses and online learning, holds monthly webinars and advocates for the rights of people with hearing loss. The national support network includes the Washington, D.C. area office and more than 150 state organizations and local chapters across the country.

Mention of goods or services does not constitute Hearing Loss Association of America endorsement, nor should exclusion suggest disapproval.

Hearing Loss Association of America

7910 Woodmont Avenue, Suite 1200 • Bethesda, MD 20814 • 301.657.2248 • Fax 301.913.9413 • hearingloss.org



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Purchasing a Hearing Aid— A Consumer Checklist

TESTING
<p>Were you given a hearing screening¹ or a full hearing exam²?</p> <ul style="list-style-type: none"> • Were you given a copy of the audiogram and any other test results and were you given a full explanation of them? • Were you charged for the examination? • If yes, were the charges submitted to your insurance company for full or partial reimbursement?
<p>Were you told what type of hearing loss you have and given a thorough explanation of it?</p> <ul style="list-style-type: none"> • Was it explained why you can sometimes hear what is being said but not always understand it? • Were you told what a hearing aid can and can't do for you? • Were you told if there were any types of hearing assistive technology (HAT) that may be beneficial, in addition to or in place of a hearing aid?
<p>Were you asked about the effect of hearing loss on your life at home, work, school, when using the phone, etc.?</p> <ul style="list-style-type: none"> • Did you complete any questionnaires about the effects of your hearing loss on your daily life, such as the APHAB (Abbreviated Profile of Hearing Aid Benefit), COSI (Client Oriented Scale of Improvement), or IOI-HA (International Outcome Inventory for Hearing Aids)?
<p>Did a significant other have an opportunity to discuss how the effects of your hearing loss could have an impact on them?</p>
DISPENSING
<p>Do you know why a particular type of hearing aid was recommended?</p> <p>Types of hearing aids include behind-the-ear (BTE), in-the-ear (ITE), in-the-canal (ITC), completely-in-the-canal (CIC), or receiver in-the-canal (RIC).</p> <ul style="list-style-type: none"> • Were your personal preferences considered regarding style and cost? • Were you asked if you use an iPhone or Android smartphone?
<p>Were the features of your hearing aid explained to you?</p> <ul style="list-style-type: none"> • Were you told about the uses and benefits of the telecoil, self-adjusting volume control, directional microphones, etc.? • Were you told about any accessories available for your hearing aid, such as a remote control? • Was wireless connectivity to accessories (Bluetooth, Made for iPhone, 2.4 GHz) explained to you? • Were programs designed to reduce background noise more effectively (other than the automatic default built in to the hearing aid) explained?
<p>Were you asked if your hearing aid fits comfortably?</p>
<p>Was information regarding batteries given or explained to you?</p> <ul style="list-style-type: none"> • Were you shown how to put batteries in the hearing aid? • Were you told where you can buy batteries, how much they cost or about keeping spare batteries handy? • Were you told if rechargeable batteries were an option for your hearing aid?
<p>Were all the controls explained to you?</p> <ul style="list-style-type: none"> • Are remote controls or smartphone apps available to control your hearing aid?

DISPENSING *(continued)*

Was information regarding the care of the hearing aid and earmold explained to you?

- Were you told how to keep earwax out of the sound bore of the earmold?
- What wax prevention options are available for your hearing aid and was an explanation given on how to use them?
- Were you told about using a dehumidifier box for night storage?
- Were you told how often to return for regular checkups and cleaning?

Did you receive written material on all the information discussed with you?

What was discussed during your first follow-up visit?

- Were you asked how your overall listening experience was with the hearing aid?
- Were you asked questions such as whether you were able to hear in noisy environments, if you felt some situations were too loud or if you had any discomfort?
- Were you asked how well the earmold fits and if it was comfortable?
- If you experienced any “whistling” noises?
- Were you told how to troubleshoot any problems?
- Were “real-ear”³ hearing aid measures checked or rechecked?

Were you asked to evaluate if the hearing aid had a positive (or negative) effect on your general quality of life?

- Were there any improvements at home, at work, at school, when going out, etc.?
- Did they repeat the APHAB, COSI or IOI-HA questionnaires?

Did you receive information about using telephones and assistive listening and alerting devices with your hearing aid?

- Were you told about ratings for hearing aids, using cell phones with hearing aids or standards for cordless phones?
- Were you told about direct to iPhone or Android wireless connections, telecoils or Bluetooth adapters?
- Were you told about assistive listening devices (ALDs) using telecoils with audio loops, FM and infrared systems?
- Were you given information about alerting devices for fire and safety, phones and doorbells?

Were group hearing aid orientation sessions offered?

Did you receive information about helpful resources such as speechreading classes and support organizations such as the Hearing Loss Association of America (HLAA)?

FULL DISCLOSURE

Did you receive a written contract detailing the services to be provided?

- Were you given the make, model and serial number of your hearing aid?
- Were you told about any repair, loss and/or damage warranties?
- Were you told the price of your hearing aid?
- Were follow-up visits and other services included in the price?
- Did you get the full name, license number and signature of the dispenser?
- Was the date and place of sale noted?

Did you or your dispenser contact your insurance plan provider?

- Did the insurer verify benefits (if you had any included in your plan)?
- Was the coverage explained to you?
- Was any insurance coverage provided by your state law (if applicable) explained to you?
- Did they explain any possible tax credits?

Did the dispenser provide information about the hearing aid manufacturers they work with?

- Did the dispenser disclose how many and which manufacturers they work with?
- Were hearing aid models in different price ranges offered?
- Did the dispenser provide written information on any warranties provided by the manufacturer?

Did the dispenser provide written information about the trial period and refund policy?

- Were you given information about the trial period, return time limits, and whether it was determined by state law?
- Were you told if fees would be charged if the hearing aid is returned within the trial period, and if so, how much the return fee would be?
- Were you told if the trial period would be suspended if the hearing aid malfunctions and needs to be returned for repairs?

¹ Hearing screenings are quick, cost-effective pass/fail tests to determine if you need further evaluation.

² Hearing exams (assessments) determine the degree of hearing loss, the type of hearing loss and the configuration of hearing loss and are conducted in a soundproof booth.

³ “Real-ear” measures use a probe-tube system that reveals the actual output of the hearing aid while a person is wearing the hearing aid.