



### 1. Information about the person

First name: <input type="text"/>	Family name: <input type="text"/>
Age: 18-39 <input type="checkbox"/> 40-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+ <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Address: <input type="text"/>	Telephone: <input type="text"/>

### 2. Follow up interview

**Hearing aid comfort and experience** *Tick box in the column matching the follow up appointment.*

Ask: Are your hearing aids comfortable?	2 weeks		2 months		2 years		Next step
	Yes	No	Yes	No	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ask: How is your experience with your hearing aids?							If No and/or person is experiencing problems → Write response in notes

**Hearing aid use** *Tick box to select one answer.*

Ask: Think about how much you have used your hearing aids over the past two weeks. On a normal day, how many hours did you use your hearing aids?	2 weeks	2 months	2 years	Next step
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Less than 1 hour a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1-4 hours a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4-8 hours a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If any → Continue
More than 8 hours a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Hearing aid helped** *Tick box to select one answer.*

Ask: Think about a situation where you wanted to hear better, before you started using your hearing aids. Over the past two weeks, how much have your hearing aids helped in that situation?	2 weeks	2 months	2 years	Next step
Helped not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Helped slightly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Helped moderately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If any → Continue
Helped quite a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Helped very much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Notes** *Record responses in sections below.*

**2 weeks:**




2 months: 

2 years: 



### 3. Follow up plan

Use this part of the form to help you and the person decide next actions. Encourage the person to return to the service at any time if they experience any difficulties with their hearing or hearing aids.

**Two weeks and two months** Tick box in the column matching the follow up appointment.

Check: Is the person:	2 weeks		2 months		Next step
	Yes	No	Yes	No	
Satisfied with their hearing aids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>If Yes to all</b> → Person is <b>fully benefitting</b> . Book next follow up. <b>If No to any</b> → Person is <b>not fully benefitting</b> . Check notes and problem solving table. If this does not help, do an in person follow up to carry out ear health and product check. <b>If solution not possible</b> → Discuss with mentor and if needed  Refer to ear and hearing professional.
Using hearing aids more than 4 hours a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Benefitting moderately or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follow up date:					

**Two years** Complete ear health screen and hearing test. Adjust programme if necessary.

Check: Is the person:	Yes	No	Next step
Satisfied with their hearing aids?	<input type="checkbox"/>	<input type="checkbox"/>	<b>If Yes to all</b> → Person is <b>fully benefitting</b> . Follow up in two years to repeat ear health screen and hearing test. <b>If No to any</b> → Person is <b>not fully benefitting</b> . Check notes and problem solving table. <b>If solution not possible</b> → Discuss with mentor and if needed  Refer to ear and hearing professional.
Using hearing aids more than 4 hours a day?	<input type="checkbox"/>	<input type="checkbox"/>	
Benefitting moderately or more?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Product check:</b> Hearing aids are clean and working.	<input type="checkbox"/>	<input type="checkbox"/>	<b>If Yes</b> → No action. <b>If No</b> → Clean and replace any worn or damaged parts. If this does not help discuss with mentor and if needed, send to manufacturer.
Follow up date:			

<b>Problem solving table</b> <i>If person is not satisfied after possible solutions, discuss with your service mentor.</i>		
<b>Problem</b>	<b>Possible causes</b>	<b>Possible solutions</b>
<b>Feedback or whistling sound from hearing aid</b>	Volume too high when putting on hearing aid	Put volume on lowest setting before putting on hearing aid. Increase volume gradually.
	Problem with earmould fit	Check fit and position. Correct if necessary.
	Damaged/dirty ear hook/earmould	Clean/replace ear hook/earmould/earmould tube.
	Blocked ear wax in ear canal	Check inside person's ear with otoscope. Perform ear washout if necessary.
<b>Ear hurts</b>	Problem with earmould fit	Check fit. Change earmould size if necessary.
	Damaged earmould	Check earmould. Replace if necessary.
	Ear health problem	Carry out ear health screen.
<b>Hearing aid/s keep falling off</b>	Incorrectly putting in hearing aid	Check person is putting on their hearing aid correctly. Correct technique if necessary.
	Incorrect earmould fit	Check fit of earmould. As children grow the earmould size may no longer fit correctly and the earmould tube may become too short.
<b>Discomfort from very loud sounds</b>	Very loud noise in environment	Advise the person to remove their hearing aids when in very loud environments such as construction sites or factories.
	Hearing aid volume turned up too high	Advise the person to reduce the volume to a comfortable level.
<b>Difficulty hearing conversations</b>	Background noise in environment	Advise the person on tips to improve hearing in noisy environments. Consider a personal remote microphone system (if available).
	Problem with hearing aids	Check their hearing aids. See problem solving solutions for 'hearing aid not as loud as before'.
<b>Hearing aid not working / sometimes not working or not as loud as before</b>	Hearing aid switched off	To switch on the hearing aid, make sure the battery is inserted correctly, and the battery door is closed.
	Low battery power	Replace battery if necessary.
	Hearing aid is dirty	Clean the hearing aid, earmould and/or battery compartment.
	Damaged earmould	Replace earmould/earmould tube if necessary.
<b>Difficulty hearing when using a phone</b>	Phone is covering their hearing aid	Advise to use the phone on loudspeaker or try positioning the phone two centimetres away from the hearing aid.
	Volume setting is set too high or low	Adjust the hearing aid volume as needed.