

Digging Deeper

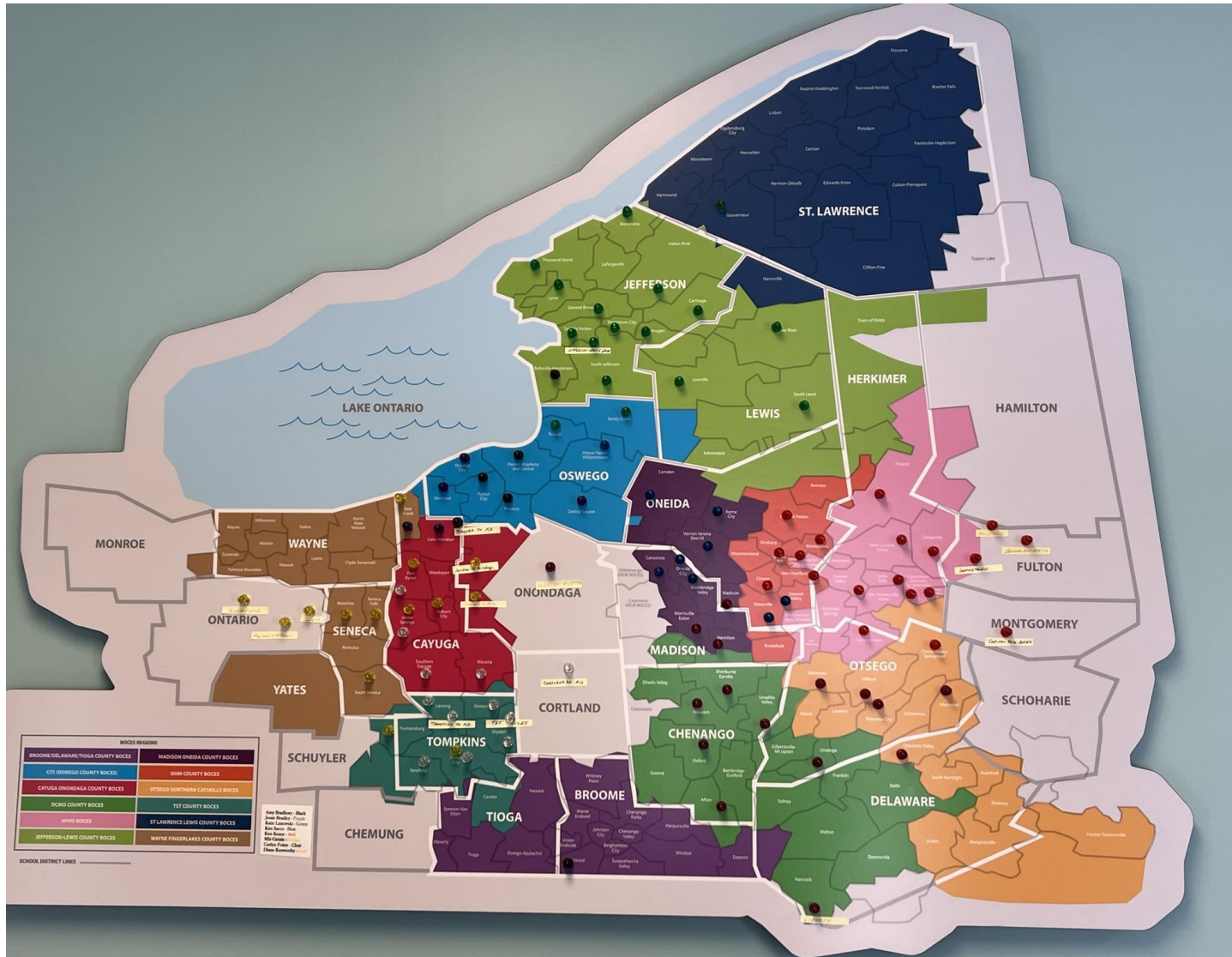
Using qualitative feedback measures to improve outcomes for hearing aids consultations and fittings.

AMY BRADBURY, AU.D. CCC-A

MAY 4, 2026

Amy Bradbury, Au.D.

- Educational Audiologist at CiTi BOCES in Mexico, NY
- Clinical Audiologist at Syracuse University
- Educational Audiology Association Board: VP Publications





CiTi BOCES
Clinics in
Mexico, NY
Sauquoit, NY
and EARV

14 REASONS SCHOOLS NEED EDUCATIONAL AUDIOLOGISTS

EDUCATIONAL AUDIOLOGISTS ARE UNIQUELY QUALIFIED TO:

1 | EVALUATE + RECOMMEND

Perform comprehensive, educationally relevant hearing and central auditory processing evaluations and make recommendations to enhance communication access and learning.



2 | REFER



Make appropriate medical, educational, and community referrals.

3 | COLLABORATE



Collaborate with school, parents, teachers, support personnel, and relevant community agencies and professionals to ensure understanding of audiological assessments results and delivery of appropriate services.

4 | TRAIN

Provide training about hearing, hearing loss and other auditory disorders for school personnel, students and parents to facilitate a better understanding of the impact of auditory impairments on language, learning, literacy and social development.

5 | RECOMMEND TECHNOLOGY

Evaluate and make recommendations for the use of hearing aids, cochlear implants, Baha (AKA Bone Anchored Solutions, Auditory Osseointegrated Device), and personal, classroom and other hearing assistive technology.



6 | VERIFY

Ensure the proper fit and functioning of hearing aids, cochlear implants, bone-anchored hearing aids, and hearing assistive technology used to access auditory information.

7 | ANALYZE THE ENVIRONMENT

Measure classroom noise, evaluate acoustics and make recommendations for improving the classroom listening environment.



8 | EVALUATE PLACEMENT + NEEDS

Assist in program placement decisions and make specific recommendations to address listening and communication needs.

9 | COORDINATE SCREENINGS

Coordinate hearing screening programs for preschool and school-aged students ensuring professional standards are followed and screening personnel are appropriately trained.



10 | FACILITATE PROGRAMS

Facilitate programs for speechreading, listening, auditory training, communication strategies, and use and care of amplification devices, including hearing aids, cochlear implants, and hearing assistive technology.

11 | MANAGE EQUIPMENT

Manage the use, calibration, and verification of audiometric equipment.



12 | RECOMMEND DAILY LIVING CHANGES

Make appropriate recommendations for daily living assistive technology (radio, television, telephone, messaging, alerting, and convenience) for students with hearing and listening problems.

13 | TEACH THE IMPACT OF NOISE

Collaborate with students, teachers, and parents to facilitate a greater understanding of the impact of noise exposure and hearing loss prevention.



14 | SPREAD AWARENESS

Provide community leadership and collaborate with community agencies to provide awareness of hearing and hearing loss and to assure that all children and youth with hearing loss are promptly identified, evaluated, and provided with resources and appropriate intervention services.



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APPROVED BY THE EAA BOARD OF DIRECTORS, FEBRUARY 2026

EDUCATIONAL AUDIOLOGIST



EDUCATIONAL AUDIOLOGISTS

Consultation with educational team and family on educational impact of child's hearing loss/auditory processing disorder from preschool through high school.

Collaboration with outside professionals: clinical audiologist, HCP, ENT

Consultation with educational team and family on proper use/care of hearing aids and hearing assistance technology.

Programming, fitting, verification of hearing aids and hearing assistance technology: Ear level/Classroom Sound Field (FM/DM/Bluetooth/Auracast)

Diagnostic evaluations: hearing evaluations/central auditory processing evaluations.

Classroom acoustics: Distance, Noise, and Reverberation

ED AUDs: After the Clinic-what is remembered, what is not correct, how to integrate with other tech, how to advocate, reminders on how to use app, when to use settings, etc. --reminders of benefits of hearing aids/hearing assistance tech/too much info/frequent checks—no ED AUDs for Adults



Jonah Age 8

Bilateral Mild to moderate SNHL

Binaural hearing aids

Hearing Assistance Tech



Listening Inventory for Education

Life Student Appraisal

Student: _____ Grade: _____ Date: _____ School: _____

Student: Read the question. Select the circle that best represents how well you hear and understand

1. The teacher is talking in front of the class. The kids are quiet. Everyone is watching and listening to the teacher. How well can you hear and understand the words the teacher is saying?

Always Easy	Mostly Easy	Sometimes Difficult	Mostly Difficult	Always Difficult



2. The teacher is talking, but has his back to you as s/he writes on the board or faces another student. You cannot see the teacher's face. How well can you hear and understand the words the teacher is saying when you can't see his face?

Always Easy	Mostly Easy	Sometimes Difficult	Mostly Difficult	Always Difficult



3. The teacher is talking. She is also walking and moving around the room. How well can you hear and understand the words the teacher is saying if you can't see her face and she is across the room?

Always Easy	Mostly Easy	Sometimes Difficult	Mostly Difficult	Always Difficult



ED AUD

Listening Inventory for Education-Revised

- Student Version with Pictures



Listening Inventory For Education-Revised (L.I.F.E.-R.)

Teacher Appraisal of Listening Difficulty

By Karen L. Anderson, PhD, Joseph J. Smaldino, PhD, & Carrie Spangler, AuD

Name _____ Grade _____ School _____

Teacher _____ hearing Aid CI User Date LIFE Completed _____

Type of Classroom Hearing Technology _____

L.I.F.E Classroom Listening Situations		No challenge or very rare	Occasionally challenged	Sometimes challenged	Often/regularly challenged	Almost always challenged
Instructions: Based on your observations, please mark the response that best describes the student's level of challenge when listening and learning in each of the situations described below. If you have no idea how to answer an item, leave the item blank. <i>Thank you for your assistance.</i>						
1. Student's ability to focus on/follow large group verbal instruction (i.e., teacher front of room):		5	4	3	2	1
2. Student's ability to focus on/follow verbal instruction when you are moving about the room:		5	4	3	2	1
3. Student's ability to focus on/understand verbal responses by other students seated across the classroom from him/her: Check one: <input type="checkbox"/> With FM mic used by student <input type="checkbox"/> Without FM mic		5	4	3	2	1
4. Ability to attend when listening to directions presented to the whole class (focus):		5	4	3	2	1
5. Ease of following directions provided to large group (hesitation before beginning work):		5	4	3	2	1
6. Ability to attend to class activities (distractibility, fidgety, typical level of attention):		5	4	3	2	1
7. Ability to stay on task (re: need for individual redirection):		5	4	3	2	1
8. Level of hesitation when volunteering to answer class questions in relation to peers:		5	4	3	2	1
9. Ability to answer questions appropriately (shows understanding of question and reasonable response):		5	4	3	2	1
10. Ability to understand information presented via instructional media (videos, computer, etc.):		5	4	3	2	1
11. Ability to focus on and understand morning announcements or large group assemblies:		5	4	3	2	1
12. Ability to attend to verbal instruction and understand when noise is present (i.e., transitions):		5	4	3	2	1
13. Ability to focus on/understand peer comments during small group work:		5	4	3	2	1
14. Comfort during social involvement/informal peer conversations in comparison to peers:		5	4	3	2	1
15. Overall rate of listening/learning in comparison to class peers (rate of comprehension):		5	4	3	2	1
Comments: (absences, equipment use problems, etc.)		CLASSROOM LISTENING SCORE Sum of Items 1-15 (75 possible) Pretest _____ Post-test _____				
No listening challenges or very rare	Occasional listening challenges	Sometimes experiences listening challenges	Often or regularly has listening challenges	Almost always has listening challenges		
75	60	45	30	15		

ED AUD

Listening Inventory for Education-Revised

○ Teacher Version

VANDERBILT FATIGUE SCALE-TEACHER (VFS-T)

This scale is designed to assess listening-related fatigue in children aged 6-17 years via teacher proxy.

Instructions: Sometimes communicating, or just trying to listen and understand, can be physically, mentally, or emotionally tiring for children. For each item below, select the SINGLE response that best describes how often your student experiences the following in a typical WEEK. Do not skip any questions.

STUDENT NAME: _____ **GRADE:** _____ **SCHOOL** _____
TEACHER NAME: _____ **SUBJECT:** _____ **DATE:** _____

	NEVER	RARELY	SOMETIMES	OFTEN	ALMOST ALWAYS
The student will “check out” after long periods of listening.	0	1	2	3	4
The student seems less motivated to do work after listening for a long time.	0	1	2	3	4
The student stops participating when struggling to hear.	0	1	2	3	4
The student seems to get worn out from listening all day at school.	0	1	2	3	4
The student has trouble concentrating when it is difficult to hear.	0	1	2	3	4
The student seems to give up more easily when having trouble listening.	0	1	2	3	4
The student appears irritated when it is hard to hear and understand.	0	1	2	3	4
The student needs listening breaks in order to stay on task.	0	1	2	3	4

VFS-T

ED AUD

Good for comparing parent and child perception of impact of hearing loss. (older child/teen)

Good for informing parent on more challenging situations and how to better support child.

Good for comparing pre/post hearingaid fitting



Children's Home Inventory for Listening Difficulties

Questions for Parent to Answer

Try the following situations with your child or recall how your child has responded under these various situations. Everyone has some difficulty hearing clearly and understanding in some situations. Choose the level on the Understand-O-Meter you think describes your child's abilities most closely and place this number in the blank at the end of each question. This can be very difficult but try to estimate the child's listening abilities as best you can.

Child's Name: _____

Parent Completing CHILD: _____

Understand-O-Meter

- | | |
|---|---|
| 1. Sit next to your child and look at a book together or talk about something in front of you using familiar words and a normal conversational manner. Talk in a quiet place and sit so your child is not looking at your face as you talk together. How difficult does it seem for your child to hear and understand what you say? _____ | 8 GREAT
Hear every word, understand everything |
| 2. Gather your family together for a meal at home or in a fairly quiet restaurant. Sit across the table from your child and ask some questions about a familiar topic or event. How difficult does it seem to be for your child to hear and understand ? _____ | 7 GOOD
Hear it all, miss part of an occasional word, still understand everything |
| 3. When your child is in his or her bedroom playing quietly, walk into the room and tell or ask the child something. Do not say the child's name or try to get their attention first. How difficult does it seem for your child to hear and understand ? _____ | 6 PRETTY GOOD
Hear almost all the words and usually understand everything |
| 4. Watch a TV show or video (not cartoons) with your child. Ask questions about what was said or events in the show that were understood by listening to the dialogue. How difficult does it seem for him or her to hear and understand what people are saying on the TV show? (Show is seen for the first time and not closed captioned) _____ | 5 OKAY BUT NOT EASY
Hear almost all the words, sometimes misunderstand what was said |
| 5. Observe your child playing inside with a friend, brother or sister. Watch for the other child to ask him or her to do something. How easy does it seem to be for your child to hear and understand other children when they talk? _____ | 4 IT TAKES WORK BUT USUALLY CAN GET IT
Hear most of the words, understand more than half of what was said |
| 6. When your child is watching TV or playing with a noisy toy, walk into the room and talk to him or her without first getting the child's attention. How difficult does it seem for your child to hear and understand the person when the noise from the TV or toy is on? _____ | 3 SOMETIMES GET IT, SOMETIMES DON'T
Hear words but understand less than half of what was said |
| 7. Call your child's name from another room when he or she is not able to see you. How difficult does it seem for him or her to hear and realize you are calling? _____ | 2 TOUGH GOING
Sometimes don't know right away that someone is talking, miss most of message |
| 8. Use a clock radio or alarm when it is time for your child to get up. How difficult does it seem to be for him or her to hear an alarm clock or clock radio go off? If no clock is used how difficult is it for him or her to hear your voice and wake up without having to be touched or shaken? _____ | 1 HUH?
Don't know that someone is talking, miss all of message |

VANDERBILT FATIGUE SCALE-CHILDREN (VFS-C)

This scale is designed to assess listening-related fatigue in children aged 6-17 years.

Instructions: Sometimes people feel tired from listening and trying to understand. We would like to know how you feel when you listen in different places. Please read each sentence and mark the SINGLE response that best describes how often you feel or act that way in a typical WEEK. Do not skip any questions.

CHILD NAME: _____ DATE: _____ GRADE: _____

	NEVER	RARELY	SOMETIMES	OFTEN	ALMOST ALWAYS
I want to "zone out" in very noisy places.	0	1	2	3	4
It is hard for me to concentrate when lots of people are talking.	0	1	2	3	4
My brain gets tired after listening all day.	0	1	2	3	4
I get worn out from listening at school.	0	1	2	3	4
Trying to listen at school stresses me out.	0	1	2	3	4
I use a lot of energy trying to listen in class.	0	1	2	3	4
I want to go to sleep after a long day of listening.	0	1	2	3	4
I give up trying to listen when I get tired.	0	1	2	3	4
I get so tired from listening that I don't want to do anything else.	0	1	2	3	4
I feel worn out when I have to listen carefully.	0	1	2	3	4

VFS-C

VANDERBILT FATIGUE SCALE-PARENT (VFS-P)

This scale is designed to assess listening-related fatigue in children aged 6-17 years via parent proxy.

Instructions: Sometimes communicating, or just trying to listen and understand, can be physically, mentally, or emotionally tiring for children. For each item below, select the SINGLE response that best describes how often your child experiences the following in a typical WEEK. Do not skip any questions.

CHILD NAME: _____ DATE: _____

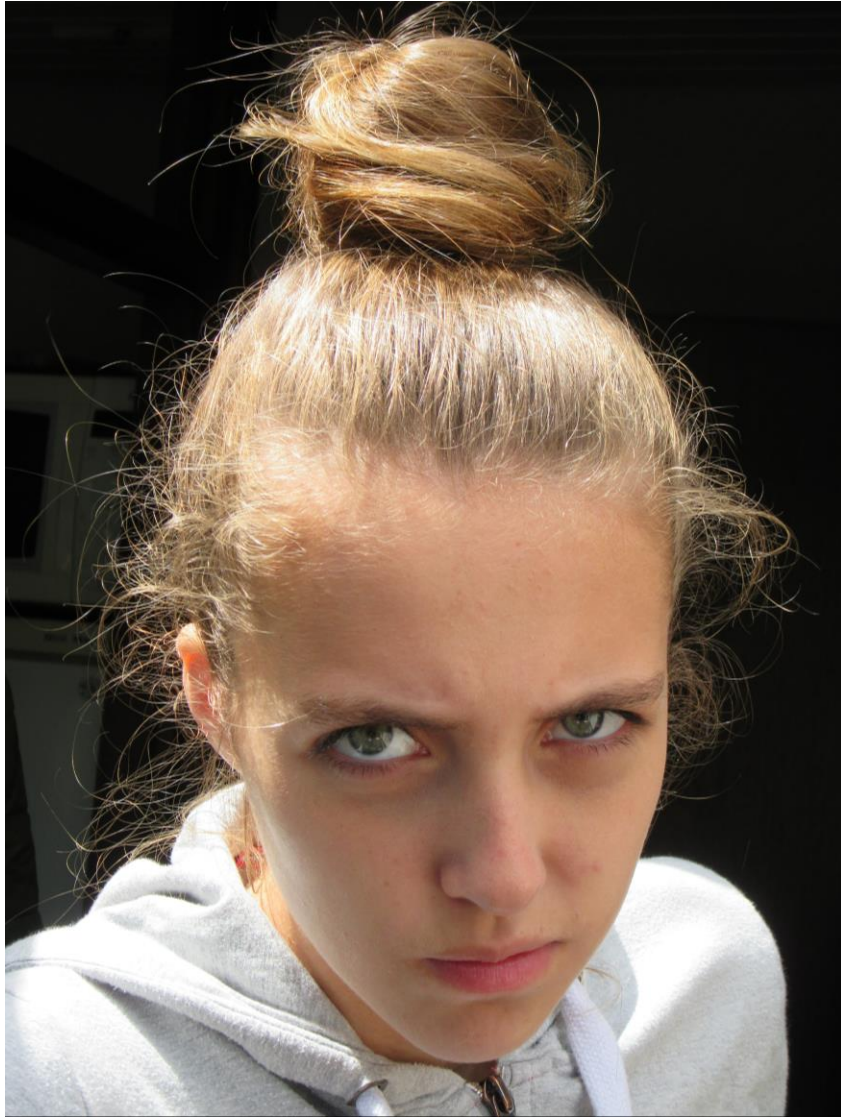
MENTAL FATIGUE	NEVER	RARELY	SOMETIMES	OFTEN	ALMOST ALWAYS
My child gets frustrated when it is difficult to hear.	0	1	2	3	4
My child prefers to be alone after listening for a long time.	0	1	2	3	4
My child shuts down after listening for a long time.	0	1	2	3	4
Listening takes a lot of effort for my child.	0	1	2	3	4
My child gets tired of listening by the end of the day.	0	1	2	3	4
My child shuts down if he/she becomes frustrated from listening.	0	1	2	3	4
My child "gives up" in difficult listening situations.	0	1	2	3	4
PHYSICAL FATIGUE	NEVER	RARELY	SOMETIMES	OFTEN	ALMOST ALWAYS
My child needs time to relax after school.	0	1	2	3	4
My child is so tired that he/she lays down to rest.	0	1	2	3	4
My child seems drained at the end of the day.	0	1	2	3	4
My child is more tired during the week than on weekends.	0	1	2	3	4
My child needs to relax after a tiring day of listening.	0	1	2	3	4

Mental Fatigue Subscale Score: _____

Physical Fatigue Subscale Score: _____

See page two for scoring and interpretation information.

VFS-P



Lindsey Age 14

Bilateral hearing aid user

8th grade student

More resistant to using hearing aids at home and school

More resistant to using hearing assistance technology.



Listening Inventory For Education-Revised (L.I.F.E.-R.) Student Appraisal of Listening Difficulty

By Karen L. Anderson, PhD, Joseph J. Smaldino, PhD, & Carrie Spangler, AuD

Name _____ Grade _____ Date(s) completed _____

Teacher _____ School _____

Hearing Aid CI user Type of Classroom Hearing Technology _____

Trial period No Yes Length _____ Responses consider performance with without FM system in use

Instructions: Circle the response that best describes your level of listening difficulty in each of the situations.

L.I.F.E Classroom Listening Situations		Always Easy	Mostly Easy	Sometimes Difficult	Mostly Difficult	Always Difficult
Questions	Brief description					
1. The teacher is talking in front of the class. The kids are quiet. Everyone is watching and listening to the teacher. How well can you hear and understand the words the teacher is saying?	1. Teacher talking in front of room	10	7	5	2	0
2. The teacher is talking, but has his back to you as s/he writes on the board or faces another student. You cannot see the teacher's face. How well can you hear and understand the words the teacher is saying when you can't see his face?	2. Teacher talking with back turned	10	7	5	2	0
3. The teacher is talking. She is also walking and moving around the room. How well can you hear and understand the words the teacher is saying if you can't see her face and she is across the room?	3. Teacher talking while moving	10	7	5	2	0
4. Sometimes teachers ask questions during a lesson. One kid in class who sits across the room from you is answering a question. How well can you hear and understand the words the student is saying? √ Typical condition: <input type="checkbox"/> With FM mic used by student <input type="checkbox"/> Without FM mic	4. Student answering during discussion	10	7	5	2	0
5. The teacher is explaining how you are supposed to do an assignment. She gives directions only one or two times. How well can you hear the words and understand what the teacher wants you to do?	5. Understanding directions	10	7	5	2	0
6. The teacher is talking. Some kids are making noise at their seats. They may be trying to find papers, dropping pencils, whispering or moving their feet. How well can you hear and understand the words the teacher is saying as the kids make noise?	6. Other students making noise	10	7	5	2	0
7. The teacher is talking. You hear noise outside of the class. It could be kids in the hallway, the playground outside, voices next door, cars or airplanes. How well can you hear and understand words the teacher is saying?	7. Noise outside of the classroom	10	7	5	2	0
8. Everyone is looking at the computer, TV or video screen. The teacher is showing a video or you are listening to something shown on the computer screen. How well can you hear and understand the words said while you are watching the screen?	8. Multimedia (video, computer)	10	7	5	2	0
9. The teacher is talking to the class. The teacher is using a projector that is making noise OR air is blowing from the heater/cooler in your classroom. How well can you hear and understand the words the teacher is saying when there is a fan-type of noise at the same time?	9. Listening with fan noise on	10	7	5	2	0
10. One teacher is talking in front of the class. Another teacher is talking to a small group of students at the same time. How well can you hear and understand the words the teacher in the front is saying?	10. Simultaneous large and small group	10	7	5	2	0
Sum of Items 1-10 (100 Possible)	CLASSROOM SITUATION LISTENING SCORE	Pretest _____		Post-test _____		
		Date: _____		Date: _____		

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Refer to www.kandersonaudconsulting.com for Instruction Manual

ED AUD

Listening Inventory for Education-Revised

○ Student Version

VANDERBILT FATIGUE SCALE-CHILDREN (VFS-C)

This scale is designed to assess listening-related fatigue in children aged 6-17 years.

Instructions: Sometimes people feel tired from listening and trying to understand. We would like to know how you feel when you listen in different places. Please read each sentence and mark the SINGLE response that best describes how often you feel or act that way in a typical WEEK. Do not skip any questions.

CHILD NAME: _____ DATE: _____ GRADE: _____

	NEVER	RARELY	SOMETIMES	OFTEN	ALMOST ALWAYS
I want to "zone out" in very noisy places.	0	1	2	3	4
It is hard for me to concentrate when lots of people are talking.	0	1	2	3	4
My brain gets tired after listening all day.	0	1	2	3	4
I get worn out from listening at school.	0	1	2	3	4
Trying to listen at school stresses me out.	0	1	2	3	4
I use a lot of energy trying to listen in class.	0	1	2	3	4
I want to go to sleep after a long day of listening.	0	1	2	3	4
I give up trying to listen when I get tired.	0	1	2	3	4
I get so tired from listening that I don't want to do anything else.	0	1	2	3	4
I feel worn out when I have to listen carefully.	0	1	2	3	4

VFS-C

VANDERBILT FATIGUE SCALE-PARENT (VFS-P)

This scale is designed to assess listening-related fatigue in children aged 6-17 years via parent proxy.

Instructions: Sometimes communicating, or just trying to listen and understand, can be physically, mentally, or emotionally tiring for children. For each item below, select the SINGLE response that best describes how often your child experiences the following in a typical WEEK. Do not skip any questions.

CHILD NAME: _____ DATE: _____

MENTAL FATIGUE	NEVER	RARELY	SOMETIMES	OFTEN	ALMOST ALWAYS
My child gets frustrated when it is difficult to hear.	0	1	2	3	4
My child prefers to be alone after listening for a long time.	0	1	2	3	4
My child shuts down after listening for a long time.	0	1	2	3	4
Listening takes a lot of effort for my child.	0	1	2	3	4
My child gets tired of listening by the end of the day.	0	1	2	3	4
My child shuts down if he/she becomes frustrated from listening.	0	1	2	3	4
My child "gives up" in difficult listening situations.	0	1	2	3	4
PHYSICAL FATIGUE	NEVER	RARELY	SOMETIMES	OFTEN	ALMOST ALWAYS
My child needs time to relax after school.	0	1	2	3	4
My child is so tired that he/she lays down to rest.	0	1	2	3	4
My child seems drained at the end of the day.	0	1	2	3	4
My child is more tired during the week than on weekends.	0	1	2	3	4
My child needs to relax after a tiring day of listening.	0	1	2	3	4

Mental Fatigue Subscale Score: _____

Physical Fatigue Subscale Score: _____

See page two for scoring and interpretation information.

VFS-P

VANDERBILT FATIGUE SCALE-TEACHER (VFS-T)

This scale is designed to assess listening-related fatigue in children aged 6-17 years via teacher proxy.

Instructions: Sometimes communicating, or just trying to listen and understand, can be physically, mentally, or emotionally tiring for children. For each item below, select the SINGLE response that best describes how often your student experiences the following in a typical WEEK. Do not skip any questions.

STUDENT NAME: _____ **GRADE:** _____ **SCHOOL** _____
TEACHER NAME: _____ **SUBJECT:** _____ **DATE:** _____

	NEVER	RARELY	SOMETIMES	OFTEN	ALMOST ALWAYS
The student will “check out” after long periods of listening.	0	1	2	3	4
The student seems less motivated to do work after listening for a long time.	0	1	2	3	4
The student stops participating when struggling to hear.	0	1	2	3	4
The student seems to get worn out from listening all day at school.	0	1	2	3	4
The student has trouble concentrating when it is difficult to hear.	0	1	2	3	4
The student seems to give up more easily when having trouble listening.	0	1	2	3	4
The student appears irritated when it is hard to hear and understand.	0	1	2	3	4
The student needs listening breaks in order to stay on task.	0	1	2	3	4

VFS-T

ED AUD

Good for comparing parent and child perception of impact of hearing loss. (older child/teen)

Good for informing parent on more challenging situations and how to better support child.

Good for comparing pre/post hearingaid fitting



Children's Home Inventory for Listening Difficulties

Questions for Parent to Answer

Try the following situations with your child or recall how your child has responded under these various situations. Everyone has some difficulty hearing clearly and understanding in some situations. Choose the level on the Understand-O-Meter you think describes your child's abilities most closely and place this number in the blank at the end of each question. This can be very difficult but try to estimate the child's listening abilities as best you can.

Child's Name: _____

Parent Completing CHILD: _____

Understand-O-Meter

- | | |
|---|---|
| 1. Sit next to your child and look at a book together or talk about something in front of you using familiar words and a normal conversational manner. Talk in a quiet place and sit so your child is not looking at your face as you talk together. How difficult does it seem for your child to hear and understand what you say? _____ | 8 GREAT
Hear every word, understand everything |
| 2. Gather your family together for a meal at home or in a fairly quiet restaurant. Sit across the table from your child and ask some questions about a familiar topic or event. How difficult does it seem to be for your child to hear and understand ? _____ | 7 GOOD
Hear it all, miss part of an occasional word, still understand everything |
| 3. When your child is in his or her bedroom playing quietly, walk into the room and tell or ask the child something. Do not say the child's name or try to get their attention first. How difficult does it seem for your child to hear and understand ? _____ | 6 PRETTY GOOD
Hear almost all the words and usually understand everything |
| 4. Watch a TV show or video (not cartoons) with your child. Ask questions about what was said or events in the show that were understood by listening to the dialogue. How difficult does it seem for him or her to hear and understand what people are saying on the TV show? (Show is seen for the first time and not closed captioned) _____ | 5 OKAY BUT NOT EASY
Hear almost all the words, sometimes misunderstand what was said |
| 5. Observe your child playing inside with a friend, brother or sister. Watch for the other child to ask him or her to do something. How easy does it seem to be for your child to hear and understand other children when they talk? _____ | 4 IT TAKES WORK BUT USUALLY CAN GET IT
Hear most of the words, understand more than half of what was said |
| 6. When your child is watching TV or playing with a noisy toy, walk into the room and talk to him or her without first getting the child's attention. How difficult does it seem for your child to hear and understand the person when the noise from the TV or toy is on? _____ | 3 SOMETIMES GET IT, SOMETIMES DON'T
Hear words but understand less than half of what was said |
| 7. Call your child's name from another room when he or she is not able to see you. How difficult does it seem for him or her to hear and realize you are calling? _____ | 2 TOUGH GOING
Sometimes don't know right away that someone is talking, miss most of message |
| 8. Use a clock radio or alarm when it is time for your child to get up. How difficult does it seem to be for him or her to hear an alarm clock or clock radio go off? If no clock is used how difficult is it for him or her to hear your voice and wake up without having to be touched or shaken? _____ | 1 HUH?
Don't know that someone is talking, miss all of message |

Learning Outcomes

1. Participants can name three qualitative client questionnaires and provide a summary of each questionnaire.
2. Participants will be able to list two specific ways each questionnaire can enhance the HCP and client's experience for the hearing aid consultation and fitting.
3. Participants can provide two specific ways these questionnaires can be helpful for the client and family outside of the clinic.

Agenda

I. The value of qualitative questionnaires: How can these questionnaires provide helpful information for the HCP, client, and accompanying family members for the hearing aid consultation and hearing aid fitting.

II. Relationship building: How can the information from these questionnaires enhance HCP and client relationship?

III. How can these questionnaires when used pre and post enhance the hearing aid fitting experience for the HCP and the client.

IV. How can these available tools be used to summarize information for clients? Using these tools to inform the client and their family outside of the clinic.

V. What qualitative questionnaires are available: similarities and differences.



QUALITATIVE QUESTIONNAIRES:

How can these questionnaires provide helpful information for the HCP, client, and accompanying family members for the hearing aid consultation?



Helpful information for the HCP: What could we learn? Would a questionnaire expand upon and enhance quality of care for your client/patient? From the following could this lead to you choosing a specific questionnaire?

- Was there information in the case history?
- Was there a story or additional information the client shared?
- Were there specific findings from the evaluation results?
- Did the patient/client seem anxious, frustrated, data-driven, etc? Patient's feelings, emotions.

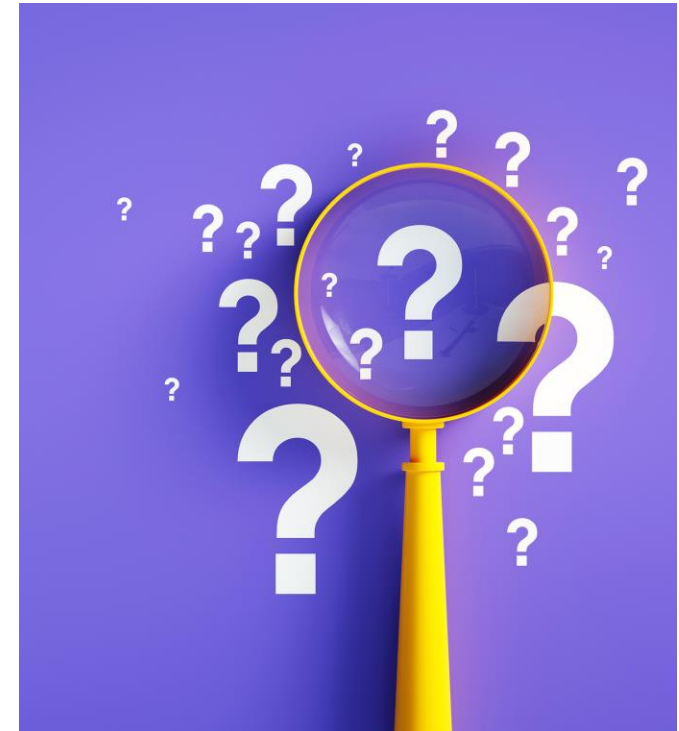
Qualitative Questionnaires continued

Client/Patient:

- Will the questionnaire provide more detailed information about the challenges listening or understanding speech in specific situations, with specific speech/environmental sounds?
- Will the questionnaire completed allow the patient to have increased awareness of your thoroughness of your consultation?
- Will the questionnaire allow the patient to have a better understanding of the additional social/emotional/health impacts of hearing loss?
- Will the questionnaire allow the patient to have a better understanding of pre/post hearing aid fitting benefit?

Accompanying Family/Other Family/Caregivers--see above

- Will the questionnaire provide more information about challenging listening situations and how to support
- Will the questionnaire-help with care outside –what to support person with—patient has memory challenges/cognitive challenges/dementia/other fine motor challenges.





Qualitative Questionnaires

Relationship building: How can the information from these questionnaires enhance HCP and client relationship?

- Patient can perceive that you are more thorough
- Patient can perceive better quality of care and more time spent understanding their individual needs.

Mary: Age 59

- Slight to mild sensorineural hearing loss
- Could be considered a borderline hearing aid candidate
- QUICK SIN scores ---moderate SNR
- Initial case history Mary indicated that she didn't feel she had a lot of difficulty in most situations
- Review of results leave Mary feeling unsure if she should consider hearing aids
- Scenario 1: Mary leaves without pursuing amplification and decides to consider getting her hearing tested again if it "gets worse".
- Scenario 2: HCP completes Vanderbilt Listening Fatigue Scale and Hearing Handicap Inventory for Adults (HHIA)



Vanderbilt Fatigue Scale- Adult version-10 items (VFS-A-10)

Sometimes communicating with others, or just listening, can be physically, mentally, or emotionally tiring. For each item below, select the SINGLE response that best describes how often you experience the following in a typical WEEK.

		Never/ Almost Never	Rarely	Sometimes	Often	Almost Always/ Always
1.	I feel worn out from everyday listening.	0	1	2	3	4
2.	Struggling to listen and understand makes me feel tired.	0	1	2	3	4
3.	I get so exhausted from listening that I cannot do the things I enjoy.	0	1	2	3	4
4.	I schedule my day to avoid getting tired from listening.	0	1	2	3	4
5.	I get so tired from listening that I start to miss details in a conversation.	0	1	2	3	4
6.	I get so exhausted from listening that I go to bed early.	0	1	2	3	4
7.	I withdraw when I am unable to follow conversations in noisy places.	0	1	2	3	4
8.	Feeling tired from listening causes strain on my relationships.	0	1	2	3	4
9.	I feel emotionally drained when it is hard for me to listen and understand.	0	1	2	3	4
	It takes a lot of energy to listen and					

Vanderbilt Listening Fatigue Scale

- Identify significant listening-related fatigue in individuals with hearing loss and other communication-based difficulties.
 - Pediatric
 - Parent
 - Teacher
 - Adult Version

Reference:

Hornsby, B. W. Y., Camarata, S., Cho, S.-J., Davis, H., McGarrigle, R., & Bess, F. H. (2023). Development and Validation of a Brief Version of the Vanderbilt Fatigue Scale for Adults: The VFS-A-10. *Ear & Hearing*, 44(5): 1251-1261.
<https://doi.org/10.1097/AUD.0000000000001369> 2018 Vanderbilt University

HEARING HANDICAP INVENTORY FOR ADULTS (HHIA)

NAME: _____ DATE: _____

INSTRUCTIONS: The purpose of the scale is to identify the problems your hearing loss may be causing you. Check YES, SOMETIMES, or NO for each question. DO NOT skip a question if you avoid a situation because of your hearing problem. If you use a hearing aid, please answer the way you hear **WITHOUT** your aid.

		YES (4)	SOME- TIMES (2)	NO (0)
S-1.	Does a hearing problem cause you to use the phone less often than you would like?			
E-2.	Does a hearing problem cause you to feel embarrassed when meeting new people?			
S-3.	Does a hearing problem cause you to avoid groups of people?			
E-4.	Does a hearing problem make you irritable?			
E-5.	Does a hearing problem cause you to feel frustrated when talking to members of your family?			
S-6.	Does a hearing problem cause you difficulty when attending a party?			
S-7.	Does a hearing problem cause you difficulty hearing/understanding coworkers, clients, or customers?			
E-8.	Do you feel handicapped by a hearing problem?			
S-9.	Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?			
E-10.	Does a hearing problem cause you to feel frustrated when talking to coworkers, clients or customers?			
S-11.	Does a hearing problem cause you difficulty in the movies or theater?			
E-12.	Does a hearing problem cause you to be nervous?			
S-13.	Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?			
E-14.	Does a hearing problem cause you to have arguments with family members?			
S-15.	Does a hearing problem cause you difficulty when listening to TV or radio?			
S-16.	Does a hearing problem cause you to go shopping less often than you would like?			
E-17.	Does any problem or difficulty with your hearing upset you at all?			
E-18.	Does a hearing problem cause you to want to be by yourself?			

VFS-A

Mary's scores

Improved understanding of impact of her hearing loss/listening fatigue/resulting in additional challenges

Vanderbilt Fatigue Scale- Adult version-10 items (VFS-A-10)

Sometimes communicating with others, or just listening, can be physically, mentally, or emotionally tiring. For each item below, select the **SINGLE** response that best describes how often you experience the following in a typical **WEEK**.

		Never/ Almost Never	Rarely	Sometimes	Often	Almost Always/ Always
1.	I feel worn out from everyday listening.	0	1	2	3	4
2.	Struggling to listen and understand makes me feel tired.	0	1	2	3	4
3.	I get so exhausted from listening that I cannot do the things I enjoy.	0	1	2	3	4
4.	I schedule my day to avoid getting tired from listening.	0	1	2	3	4
5.	I get so tired from listening that I start to miss details in a conversation.	0	1	2	3	4
6.	I get so exhausted from listening that I go to bed early.	0	1	2	3	4
7.	I withdraw when I am unable to follow conversations in noisy places.	0	1	2	3	4
8.	Feeling tired from listening causes strain on my relationships.	0	1	2	3	4
9.	I feel emotionally drained when it is hard for me to listen and understand.	0	1	2	3	4
10.	It takes a lot of energy to listen and understand.	0	1	2	3	4

HEARING HANDICAP INVENTORY FOR ADULTS (HHIA)

NAME: _____ DATE: _____

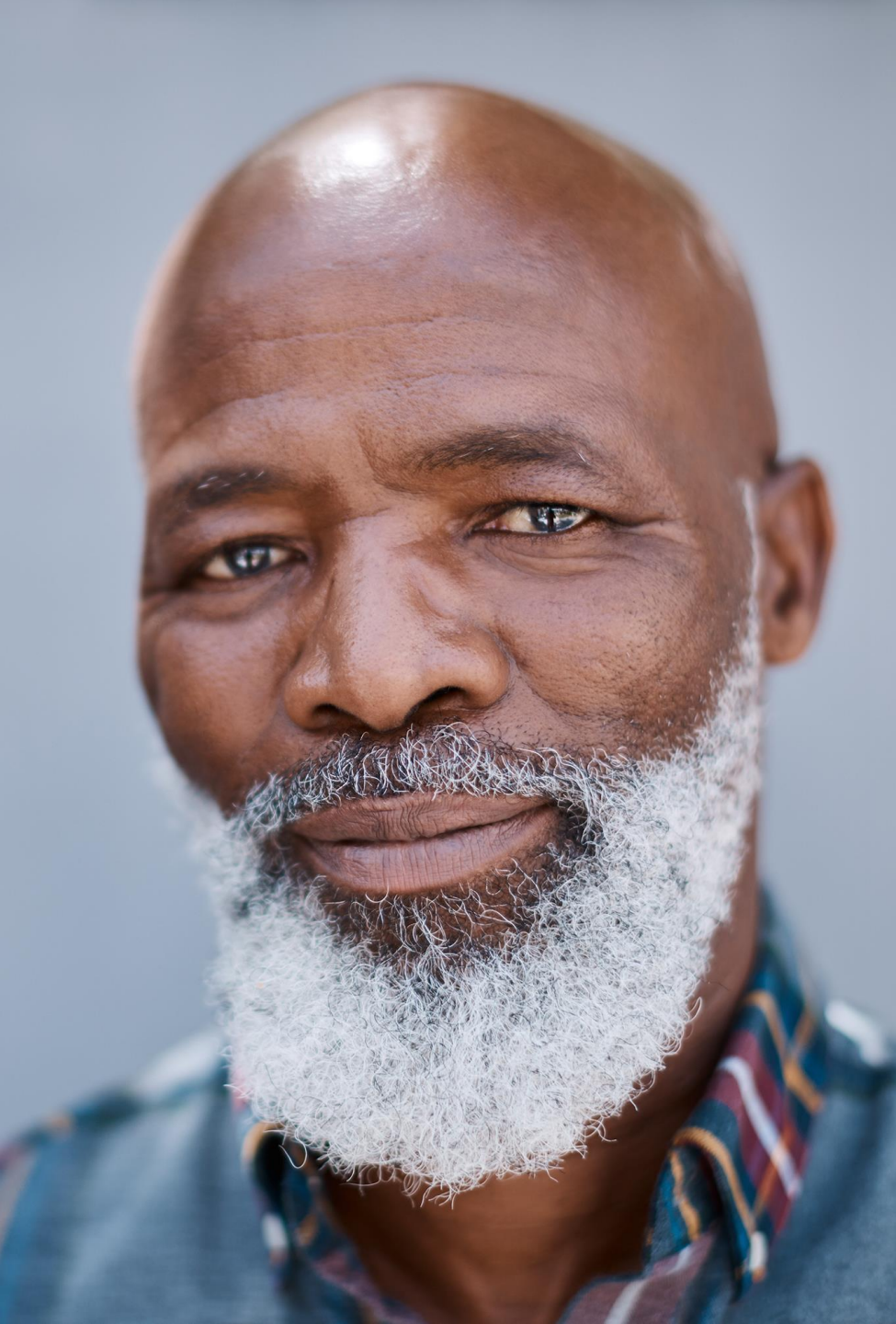
INSTRUCTIONS: The purpose of the scale is to identify the problems your hearing loss may be causing you. Check YES, SOMETIMES, or NO for each question. DO NOT skip a question if you avoid a situation because of your hearing problem. If you use a hearing aid, please answer the way you hear **WITHOUT** your aid.

		YES (4)	SOME- TIMES (2)	NO (0)
S-1.	Does a hearing problem cause you to use the phone less often than you would like?			X
E-2.	Does a hearing problem cause you to feel embarrassed when meeting new people?		X	
S-3.	Does a hearing problem cause you to avoid groups of people?	X		
E-4.	Does a hearing problem make you irritable?		X	
E-5.	Does a hearing problem cause you to feel frustrated when talking to members of your family?		X	
S-6.	Does a hearing problem cause you difficulty when attending a party?	X		
S-7.	Does a hearing problem cause you difficulty hearing/understanding coworkers, clients, or customers?		X	
E-8.	Do you feel handicapped by a hearing problem?			X
S-9.	Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?			
E-10.	Does a hearing problem cause you to feel frustrated when talking to coworkers, clients or customers?		X	
S-11.	Does a hearing problem cause you difficulty in the movies or theater?		X	
E-12.	Does a hearing problem cause you to be nervous?	X		
S-13.	Does a hearing problem cause you to visit friends, relatives, or neighbors less often than you would like?	X	X	
E-14.	Does a hearing problem cause you to have arguments with family members?			X
S-15.	Does a hearing problem cause you difficulty when listening to TV or radio?		X	
S-16.	Does a hearing problem cause you to go shopping less often than you would like?			X
E-17.	Does any problem or difficulty with your hearing upset you at all?		X	
E-18.	Does a hearing problem cause you to want to be by yourself?		X	

Mary

Next steps?/Thoughts?





Leo

Mild, to moderately severe SNHL-complaints of tinnitus

Hearing Aid User for 5 years-interested in upgrading hearing aids –currently in a low technology level, concerns about listening in more challenging listening situations.

QUICK SIN Test revealed moderate SNR loss

Tinnitus and Hearing Survey

Tinnitus Handicap Inventory

Interpretation of Results

Tinnitus and Hearing Survey:

Section A: Referral for AUD specializing in Tinnitus/ENT

Section B: Higher Score could indicate need for higher technology level to support speech in noise deficits

Section C: Higher score could indicate hyperacusis/misophonia-referral for AUD/ENT

Tinnitus and Hearing Survey

	No, not a problem	Yes, a small problem	Yes, a moderate problem	Yes, a big problem	Yes, a very big problem	
A. Tinnitus						
Over the last week, tinnitus kept me from sleeping.	0	1	2	3	4	
Over the last week, tinnitus kept me from concentrating on reading.	0	1	2	3	4	
Over the last week, tinnitus kept me from relaxing.	0	1	2	3	4	
Over the last week, I couldn't get my mind off of my tinnitus.	0	1	2	3	4	
	Total of each column					Grand Total

B. Hearing						
Over the last week, I couldn't understand what others were saying in noisy or crowded places.	0	1	2	3	4	
Over the last week, I couldn't understand what people were saying on TV or in movies.	0	1	2	3	4	
Over the last week, I couldn't understand people with soft voices.	0	1	2	3	4	
Over the last week, I couldn't understand what was being said in group conversations.	0	1	2	3	4	
	Total of each column					Grand Total

C. Sound Tolerance					
Over the last week, sounds were too loud or uncomfortable for me when they seemed normal to others around me.*	0	1	2	3	4
<i>If you responded 1, 2, 3, or 4 to the statement above:</i>	_____				
Please list two examples of sounds that are too loud or uncomfortable for you, but seem normal to others:	_____				

*If sounds are too loud for you while wearing hearing aids, please tell your audiologist.

For office use only (II): M H NS P N

Tinnitus Handicap Inventory

https://ata.org/wp-content/uploads/2022/08/Tinnitus_Handicap_Inventory.pdf

Source: Newman, C. W., Jacobson, G. P., & Spitzer, J. B. (1996). Development of the tinnitus handicap inventory. Archives of Otolaryngology–Head & Neck Surgery, 122(2), 143-148.
McCombe, A., Baguley, D., Coles, R., McKenna, L., McKinney, C., & Windle-Taylor, P. (2001). Guidelines for the grading of tinnitus severity: The results of a working group commissioned by the British Association of Otolaryngologists, Head and Neck Surgeons, 1999. Clinical Otolaryngology & Allied Sciences, 26(5), 388-393

Tinnitus Handicap Inventory (THI)

This form is for informational purposes only and should not take the place of consultation and evaluation by a healthcare professional.

Your Name: _____

Date: _____

Instructions: The purpose of this questionnaire is to identify, quantify, and evaluate the difficulties that you may be experiencing because of tinnitus. Please do not skip any questions. When you have answer all the questions, add up your total score, based on the values for each response.

1. Because of your tinnitus, is it difficult for you to concentrate? Yes (4) Sometimes (2) No (0)
2. Does the loudness of your tinnitus make it difficult for you to hear people? Yes (4) Sometimes (2) No (0)
3. Does your tinnitus make you angry? Yes (4) Sometimes (2) No (0)
4. Does your tinnitus make you feel confused? Yes (4) Sometimes (2) No (0)
5. Because of your tinnitus, do you feel desperate? Yes (4) Sometimes (2) No (0)
6. Do you complain a great deal about your tinnitus? Yes (4) Sometimes (2) No (0)
7. Because of your tinnitus, do you have trouble falling to sleep at night? Yes (4) Sometimes (2) No (0)
8. Do you feel as though you cannot escape your tinnitus? Yes (4) Sometimes (2) No (0)
9. Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner, to the movies)? Yes (4) Sometimes (2) No (0)
10. Because of your tinnitus, do you feel frustrated? Yes (4) Sometimes (2) No (0)



Leo

Next steps? Thoughts?



Beatrice

Memory

Anxiety

Data Driven

Budget

Quality of Life

Adult Auditory Performance Scale

Instructions: Answer the following questions by circling the frequency of each task. For example, a person, to a certain extent, may have difficulties listening and understanding in a noisy room, so circle the frequency it happens.

Listening Condition: NOISE. If listening in a room where there is background noise such as TV, music, others talking, children playing, etc., how often do you experience difficulty hearing and understanding?	Never (1%)	Seldom (12%)	Occasionally (25%)	Half the time (50%)	Generally (75%)	Almost Always (85%)
When paying attention	0	1	2	3	4	5
When being asked a question	0	1	2	3	4	5
When being given simple instructions	0	1	2	3	4	5
When being given complicated, multiple instructions	0	1	2	3	4	5
When not paying attention	0	1	2	3	4	5
When involved with other activities	0	1	2	3	4	5
When listening in a group	0	1	2	3	4	5
Listening Condition: QUIET. If listening in a quiet room, how often do you experience difficulty hearing and understanding?	Never (1%)	Seldom (12%)	Occasionally (25%)	Half the time (50%)	Generally (75%)	Almost Always (85%)
When paying attention	0	1	2	3	4	5
When being asked a question	0	1	2	3	4	5
When being given simple instructions	0	1	2	3	4	5
When being given complicated, multiple instructions	0	1	2	3	4	5
When not paying attention	0	1	2	3	4	5
When involved with other activities	0	1	2	3	4	5
When listening in a group	0	1	2	3	4	5

Adult Auditory Performance Scale

**ABBREVIATED PROFILE OF HEARING AID BENEFIT
FORM A**

INSTRUCTIONS:

Please circle the answers that come closest to your everyday experience. Notice that each choice includes a percentage. You can use this to help you decide on your answer. For example, if the statement is true about 75% of the time, circle C for that item. If you have not experienced the situation we describe, try to think of a similar situation that you have been in and respond for that situation. If you have no idea, leave that item blank.

A Always (99%)
B Almost Always (87%)
C Generally (75%)
D Half-the-time (50%)
E Occasionally (25%)
F Seldom (12%)
G Never (1%)

	Without Hearing Aids	With Hearing Aids
11. When I am in a theater watching a movie or play, and the people around me are whispering and rustling paper wrappers, I can still make out the dialogue.	A B C D E F G	A B C D E F G
12. When I am having a quiet conversation with a friend, I have difficulty understanding.	A B C D E F G	A B C D E F G
13. The sounds of running water, such as a toilet or shower, are uncomfortably loud.	A B C D E F G	A B C D E F G
14. When a speaker is addressing a small group, and everyone is listening quietly, I have to strain to understand.	A B C D E F G	A B C D E F G
15. When I'm in a quiet conversation with my doctor in an examination room, it is hard to follow the conversation.	A B C D E F G	A B C D E F G
16. I can understand conversations even when several people are talking.	A B C D E F G	A B C D E F G
17. The sounds of construction work are uncomfortably loud.	A B C D E F G	A B C D E F G
18. It's hard for me to understand what is being said at lectures or church services.	A B C D E F G	A B C D E F G



Beatrice

Next steps

Pre/Post HA Fitting

How can these questionnaires when used pre and post enhance the hearing aid fitting experience for the HCP and the client?



Desmond

New hearing aids

Early stages of dementia

Family support is available

Wants to be as independent as possible

Has lot of questions-detail oriented

PATIENT HEARING CHECKLIST



Please check all items that apply to you:

- I am younger than 18 years old.
- I hear much better in one ear than in the other ear.
- In the last 6 months, I suddenly cannot hear out of one or both ears as well as I used to.
- I have ringing, roaring, or beeping in one or both of my ears.
- I have a history of taking medication that causes hearing loss.
- I have a history of chemotherapy and/or radiation in the head and neck region.
- In the last 6 months, I have noticed active drainage from one or both of my ears.
- I have constant pain or discomfort in one or both of my ears.
- I experience dizziness.

If you check any one of the boxes above, an OTC hearing aid may not work for you. Consult with an audiologist.

Reflect on your hearing in quiet and noisy environments, and check the column that best describes you:

This Best Describes Me	Quiet Environments	Noisy Environments
<input type="checkbox"/>	I have good to excellent hearing.	I have good hearing; I rarely have difficulty following/participating in a conversation.
<input type="checkbox"/>	I do not have problems hearing what people say.	I may have difficulty following/participating in a conversation.
<input type="checkbox"/>	I have difficulty hearing a normal voice.	I have difficulty hearing and participating in a conversation.
<input type="checkbox"/>	I can hear speech if it is loud speech.	I have great difficulty hearing and participating in a conversation.
<input type="checkbox"/>	I can hear loud speech if it is directly in my ear.	I have very great difficulty hearing and participating in a conversation.
<input type="checkbox"/>	I have great difficulty hearing.	I cannot hear any speech.
<input type="checkbox"/>	I cannot hear any speech or loud sound.	I cannot hear any speech or sound.

If you have selected an option in red text above, an OTC hearing aid may not

PHAST-Rv2

PRACTICAL HEARING AIDS SKILLS TEST REVISED

(PHASTR v2)

Scoring

2= Performed correctly no ~~re~~instruction needed; 1= Performed task, but not correctly (e.g.takes aid out to adjust volume); 0= Could not perform the task;NA= Not applicable

1. Take out your hearing aid.

- a) Can they grasp the aid?
- b) Can they remove their aid?

2. Open the battery door. If your device has a rechargeable battery you may skip this question.

- a) Can they locate the door?
- b) Can they open the door?

3. Show me how to change your hearing aid battery. If your device has a rechargeable battery you may skip this question.

- a) Can they remove old battery?
- b) Did they choose correct battery size?
- c) Can they remove battery tab?
- d) Can they place new battery in battery compartment?

4. Show me how you charge your hearing aids. If your aid does not have a rechargeable battery you may skip this question.

- a) Can they place the hearing aids in/on the charging device?
- b) Can they confirm the hearing aids are charging (e.g. indicator light on)?

5. Show me how you clean your hearing aid.

- a) Can they clean sound bore?
- b) Can they replace the wax guard?
- c) Can they brush microphone port?
- d) Can they clean their open fit dome?

6. Put your hearing aid back in your ear.

- a) Can they grasp aid?
- b) Can they place aid in the ear?

7. Show me how you connect and use your cell phone with your hearing aid.

- a) Can they turn on Bluetooth on their phone?
- b) Can they confirm their hearing aids are connected to their phone?
- c) Can they correctly place the phone in relation to the hearing aid?

8. Turn up the volume of your hearing aid.

- a) Can they manipulate the volume?

9. Show me how you would adjust your hearing aid when you are in a noisy environment.

- a) Can they use correct program?

NAL
CLIENT ORIENTED SCALE OF IMPROVEMENT



Name : _____ Category. _____ New _____
 Audiologist : _____ Return _____
 Date : 1. Needs Established _____
 2. Outcome Assessed _____

Degree of Change

Final Abi
 P
 10% 25%

SPECIFIC NEEDS

Indicate Order of Significance

Worse	No Difference	Slightly Better	Better	Much Better	CATEGORY	Hardly Ever	Occasionally

COSI

- | | | | |
|---|--|--|---|
| <p>Categories</p> <ol style="list-style-type: none"> 1. Conversation with 1 or 2 in quiet 2. Conversation with 1 or 2 in noise 3. Conversation with group in quiet 4. Conversation with group in noise | <ol style="list-style-type: none"> 5. Television/Radio @ normal volume 6. Familiar speaker on phone 7. Unfamiliar speaker on phone 8. Hearing phone ring from another room | <ol style="list-style-type: none"> 9. Hear front door bell or knock 10. Hear traffic 11. Increased social contact 12. Feel embarrassed or stupid | <ol style="list-style-type: none"> 13. Feeling 14. Feeling 15. Church 16. Other |
|---|--|--|---|



Purchasing a Hearing Aid— A Consumer Checklist

TESTING

Were you given a hearing screening¹ or a full hearing exam??

- 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?

Were you told what type of hearing loss you have and given a thorough explanation of it?

- 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?

Were you asked about the effect of hearing loss on your life at home, work, school, when using the phone, etc.?

- 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)?

Did a significant other have an opportunity to discuss how the effects of your hearing loss could have an impact on them?

DISPENSING

Do you know why a particular type of hearing aid was recommended?

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).

- Were your personal preferences considered regarding style and cost?
- Were you asked if you use an iPhone or Android smartphone?

Were the features of your hearing aid explained to you?

- 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?

Were you asked if your hearing aid fits comfortably?

Was information regarding batteries given or explained to you?

- 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?

Were all the controls explained to you?

- Are remote controls or smartphone apps available to control your hearing aid?



Desmond

Next steps? Thoughts?

How can these available tools be used to summarize information for clients? Using these tools to inform the client and their family outside of the clinic.

Hearing Aid Delivery/HA follow up

What was talked about today?

What follow up is needed?

Over the next 2 weeks:

Write down any good/negative things?

What is easy? What was more difficult?

What are you using on a daily basis

What do you think you need more help with?

-Understanding the app

-How to operate/care/clean?

How do I order more supplies?

-Additional hearing assistance technology, Auracast /Telecoil

Wrap Up

What can we learn?

Pre-post

Listening fatigue

Level of concern

Additional referral needed for MD/AUD































Practice using them ! Have them handy!

Look for updates, look at research

Manufacturer resources

How can we use them differently based on patient's needs?



Name of Questionnaire	Listening Fatigue	Tinnitus	Pre/Post measures	Quality of Life	Other Otologic Symptoms or need for AUD/Medical Referral
Vanderbilt Listening Fatigue Scale (VFS-A-10)					
Hearing Handicap Inventory for Adults (HHIA)					
Tinnitus Handicap Inventory (THI)					
Tinnitus and Hearing Survey					
Adult Auditory Performance Scale					
Abbreviated Profile of HA benefit (APHAB)					

References

Vanderbilt Listening Fatigue Scale:

<https://www.vumc.org/vfs/vanderbilt-fatigue-scales>

Tinnitus and Hearing Survey:

<https://www.ncrar.research.va.gov/Documents/THS.pdf>

<https://www.ncrar.research.va.gov/Education/Documents/TinnitusDocuments/THS-ScreeningTool.pdf>

COSI: Client Oriented Scale of Improvement:

<https://www.nal.gov.au/wp-content/uploads/2021/12/COSI-Questionnaire.pdf>

Practical Hearing Aids Skills Test-Revised (PHAST):

<https://pubmed.ncbi.nlm.nih.gov/22354604/>

Hearing Handicap Inventory for Adults:

<https://resref.com/hearing-handicap-inventory-for-adults-hhia/>

Tinnitus Handicap Inventory (THI):

https://ata.org/wp-content/uploads/2022/08/Tinnitus_Handicap_Inventory.pdf

Abbreviate Profile of Hearing Aid Benefit:

<https://harlmemphis.org/abbreviated-profile-of-hearing-aid-benefit-aphab/>

CHILD Questionnaire:

https://successforkidswithhearingloss.com/wpcontent/uploads/2017/09/child_questionnaire.pdf

Listening Inventory for Education-Revised:

<https://successforkidswithhearingloss.com/wpcontent/uploads/2011/09/LIFE-R Photo and Question Gallery RE.pdf>

<https://successforkidswithhearingloss.com/wpcontent/uploads/2011/08/Teacher-LIFE-R.pdf>

<https://successforkidswithhearingloss.com/wp-content/uploads/2011/08/LIFE-R.pdf>

Educational Audiology Association: Infographic: 14 Reasons

<https://www.edaud.org/assets/docs/Infographics/14-reasons-why-schools-need-edauds-infographic-2026.png>



Amy Bradbury, Au.D
315-396-4622
abradbury@citiboces.org
ambradbu@syr.edu

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