

APPENDIX 3

Hearing Aid Orientation Checklist

Hearing Aid

- ☐ Parts of aid and/or mold identified
- ☐ Insertion and removal of aid/mold demonstrated and explained
- ☐ Patient attempted/performed insertion and removal
- ☐ Attachment of mold to aid discussed/demonstrated if BTE
- ☐ Volume control/ remote control manipulation was discussed/demonstrated
- ☐ Patient attempted/performed V.C. or R.C. adjustment

Battery

- ☐ Insertion/removal of battery discussed/demonstrated
- ☐ Patient attempted/performed insertion/removal of battery
- ☐ Purchase options for batteries discussed
- ☐ Type and expected life of batteries discussed
- ☐ Opening battery door when not in use discussed
- ☐ Wait at least two minutes after removing battery tab before inserting battery
- ☐ Warned of danger of swallowing batteries

Care and Maintenance

- ☐ Moisture and temperature problems discussed, how to avoid and how to remedy (perspiration, humidity, rain – Dry-Aid kit)
- ☐ (OPTIONAL) Instructions for use of Dry-Aid kit
- ☐ How to avoid trauma to aid (dropping, heat/cold) and other dangers discussed
- ☐ Other things that can damage aid (hair spray, dirty/greasy hands) discussed
- ☐ Cleaning aid/mold discussed/demonstrated (tissue, tools, air blower)

Adjustment/Listening Tips

- ☐ Programs described
- ☐ Binaural hearing and balance, if applicable, described
- ☐ How to manage different listening situations
- ☐ Instructional brochures for individual hearing aid reviewed
- ☐ Telephone usage tips given
- ☐ Feedback causes, remedies discussed

Follow-Up

- ☐ 30-Day Trial agreement explained
- ☐ Warranty coverage and length explained (extension purchase options if needed)
- ☐ Life expectancy of an aid explained
- ☐ Appointment assigned for next visit
- ☐ Patient counseled about realistic expectations for hearing aid performance. Tell the patient that they can realistically expect: some degree of visibility (from any style of hearing aid); physical comfort; improved, but not perfect, communication; and more benefit in quiet than in noise.
- ☐ Inform patient that all new hearing aid wearers attend —Managing Hearing and Listening Skills classes. Tell them the dates of upcoming classes.

Patient Signature _____ Date/Time _____