International Outcome Inventory for Hearing Aids – Significant Other (IOIHA-SO)

ACHIEVE HEALTHY AGING

ID NUMBER: ☐☐☐☐☐☐ FORM CODE: | I | S | O | DATE: 09/15/2017 Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ 0b. Staff ID: ☐☐☐
Month   Day   Year

1. Think about how much your partner used their present hearing aid(s) over the past two weeks. On an average day, how many hours did your partner use the hearing aid(s)?

   ☐☐

2. Think about the situation where you most wanted your partner to hear better, before getting their present hearing aid(s). Over the past two weeks, how much has (have) the hearing aid helped in that situation?

   ☐$_1$ .. Helped not at all
   ☐$_2$ .. Helped slightly
   ☐$_3$ .. Helped moderately
   ☐$_4$ .. Helped quite a lot
   ☐$_5$ .. Helped very much

3. Think again about the situation where you most wanted your partner to hear better. When your partner uses their present hearing aid(s), how much difficulty does he or she STILL have in that situation?

   ☐$_1$ .. Very much difficulty
   ☐$_2$ .. Quite a lot of difficulty
   ☐$_3$ .. Moderate difficulty
   ☐$_4$ .. Slight difficulty
   ☐$_5$ .. No difficulty

4. Considering everything, do you think your partner's present hearing aid(s) is worth the trouble?

   ☐$_1$ .. Not at all worth it
   ☐$_2$ .. Slightly worth it
   ☐$_3$ .. Moderately worth it
   ☐$_4$ .. Quite a lot worth it
   ☐$_5$ .. Very much worth it

5. Over the past two weeks, with their present hearing aid(s), how much have your partner's hearing difficulties affected the things you can do?

   ☐$_1$ .. Affected very much
   ☐$_2$ .. Affected quite a lot
   ☐$_3$ .. Affected moderately
   ☐$_4$ .. Affected slightly
   ☐$_5$ .. Affected not at all

6. Over the past two weeks, with their present hearing aid(s), how much were <u>you</u> bothered by your partner's hearing difficulties?

☐1 .. Bothered very much
☐2 .. Bothered quite a lot
☐3 .. Bothered moderately
☐4 .. Bothered slightly
☐5 .. Bothered not at all

7. Considering everything, how much has (have) your partner's present hearing aid(s) changed <u>your</u> enjoyment of life?

☐1 .. Worse
☐2 .. No change
☐3 .. Slightly better
☐4 .. Quite a lot better
☐5 .. Very much better