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Dallas, Texas 75214-2607
214-827-1900



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Dallas, Texas 75248-1760
972-380-0222

Revised Instructions for APHAB Form A

PLEASE FOLLOW THE FOLLOWING INSTRUCTIONS FOR THE “APHAB FORM A.” Please DO NOT use the instructions on the actual form as they are inaccurate.

In an effort to evaluate your views on your hearing performance, please complete the column(s) which applies to your present hearing aid usage, either aided or unaided. If you do not wear hearing aids, please complete the column “Without Hearing Aids.” If you do wear hearing aids, please complete both columns: “Without Hearing Aids” and “With Hearing Aids.”

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 a 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. **DO NOT LEAVE ANY OF THE STATEMENTS 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%)

Thank you,

Total Hearing Care