

FREE Consumer's Guide



(888) 491-9331

1879 Veterans Park Dr. Ste. 1201
Naples, FL 34109



www.collierhearingcenter.com

Introduction

Consumers today have many questions about hearing loss and hearing aids. How do you know if you need a hearing aid? Where should you go for testing? What testing will be done? What are your options among hearing products? What level of technology is best for you? How much is it going to cost? How long will the whole process take? How will you adjust to hearing with a hearing aid?

This booklet was prepared to help answer those questions. It describes how to tell if you should have your hearing tested; where you can get your hearing tested; and what to expect during the testing. We give you questions to ask in selecting a hearing care professional. Hearing aid manufacturers have introduced many technological changes, so we explain the new technology and talk about costs.

Many people with hearing loss could benefit from hearing aids, but don't have them. Some are hesitant because they don't know where and how to start the whole testing process. Others may not be sure about picking a professional and selecting the right aid from among the many options.

Cost is a big barrier for many. Some people are concerned about "looking old" with a hearing aid. If you are just beginning to have concerns about whether your hearing is declining; or if you've tried a hearing aid in the past and weren't happy with it; or if you know someone who really should get his or her hearing checked, this booklet will answer many of your questions.

How big is the problem of hearing loss?

About 31.5 million Americans—one in 10—experience impaired hearing. Hearing loss affects all ages, but specifically, there are more baby boomers aged 45-64 with hearing loss (10 million) than there are people over the age of 65 with hearing loss (9 million).

As baby boomers reach mid-age, a time when hearing loss frequently becomes more noticeable, they face concerns about what to do about their hearing loss. Boomers may have more hearing problems at an earlier age than previous generations. Their noisy life"



"Hearing loss impacts nearly every dimension of the human experience. When hearing is diminished then so is our connection to the joys of life."

Sergei Kochkin, Ph.D.
Executive Director
Better Hearing Institute

style, with prolonged exposure to rock concerts, loud stereos, city traffic, power tools, and lawn mowers, may take its toll on their ears. Hearing care professionals confirm that they are seeing more younger clients seeking help with hearing loss. The National Institute on Deafness and Communication Disorders reports that 20 million Americans are exposed to dangerously noisy environments. Of the 31.5 million Americans with hearing loss, 10 million of these impairments are partially attributable to damage from exposure to loud sounds.

Most hearing loss can be helped—but not cured—by hearing aids. Yet most people with hearing loss don't take advantage of this help.

Almost everyone with a hearing loss hears better with a hearing aid, yet only 23 percent of those who need a hearing aid have one. More than 6

million Americans do use hearing aids, but about 24 million with hearing loss do not.

What can go wrong with your hearing?

Hearing loss is common and a normal part of getting older. The major kinds of hearing losses are sensorineural or conductive. Sensorineural hearing loss or “nerve deafness” is caused by damage to or deterioration of the tiny sound-sensing hair cells in the inner ear. It can be due to aging (called presbycusis) or to exposure to loud noise (noise-induced hearing loss). Because the nerve cells can no longer effectively transmit electrical impulses, you lose some ability to hear. Other causes are high fever, head trauma and certain drugs.

What about all those excuses?

People don't get hearing aids for many reasons. You might be the person making any of the following statements about why you haven't had your hearing tested. Or you might have a parent or a spouse who says these things.

“I can hear just fine.”

You may think this because the problem came about gradually. You may have adjusted to the decline in your hearing and believe you are still hearing normally. Others around you, though, may believe differently!

“People don't talk as clearly as they used to.”

It's probably your hearing, not their talking. It's common for people, like former President Clinton, to find it hard to hear speech in noisy places but still have normal hearing under other circumstances.

“My friend got a hearing aid and she can't stand it.”

Everyone's experiences and needs are different. Friends may have put their hearing aids in the drawer because they didn't get a good fit, received a poor quality product, or did not get proper counseling about how to use a hearing aid.

“I can't afford them.”

Many people have concerns about the cost of the testing and the aid, the lack of insurance reimbursement, and maintenance costs. Hearing aids can be a major expenditure, but many users find the costs well worth the improvement in quality of life.

“They are so complicated.”

Today's hearing aids are technologically advanced products, like mini-computers in your ears. But once they are set correctly to your needs, you don't have to fiddle with them. They adjust automatically to different situations.

While those older than 65 are more vulnerable to presbycusis, some baby boomers aged 45 to 65 are realizing that they have noise-induced hearing loss. People with sensorineural loss typically say they can hear but can't understand, especially high pitched sounds. Although it can't be reversed or treated medically, it may be effectively treated by hearing aids. By over-stimulating the nerve cells with the amplified sound waves from the hearing aid, you become able to hear what you couldn't hear before.

An obstruction in the outer or middle ear or the ear drum causes conductive hearing loss. Sound does not transmit effectively because something interferes with the sound vibrations before they reach the inner ear. Conductive loss can result from severe head trauma, birth defects, punctured eardrum, or simply wax or fluid buildup. It is often reversible through medical or surgical procedures. Hearing aids can improve conductive loss as long as there is no medical reason not to use an aid.

“All they do is make noisy places noisier or screech.”

Newer designs do a better job in increasing amplification when you need it, while not increasing background noise or annoying “feedback.”

“I won't be able to talk on the phone.”

Most aids now come with special features to make telephone and cell phone conversations comfortable.

“I don't want to look old.”

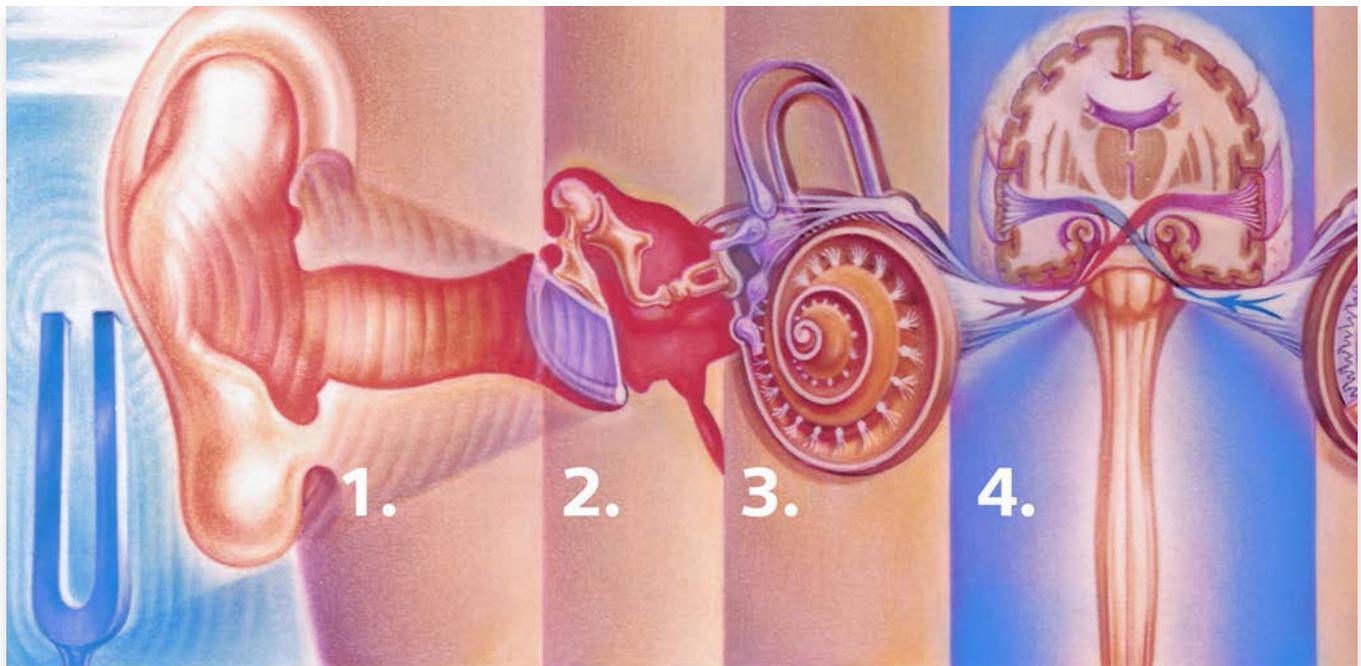
Needing a hearing aid may be an unwelcome reminder to you of your aging process. But, many new aids are virtually invisible.

“What will my coworkers think?”

A hearing aid won't restore youth or normal hearing. Getting an aid does mean you are smart enough to do something about the damage to the sensory cells in your ears so you can function better at work and elsewhere.

Failing to treat your hearing loss can lead to missed information at work and isolation from family and friends. It can even be life threatening if you can't hear signs of possible danger, such as approaching traffic as you cross a street. Hearing loss can be misdiagnosed as early dementia if you are confused because you miss out on what others say or don't understand directions. People with uncorrected hearing loss report feeling anxiety, depression, paranoia, anger, and insecurity.

Successful hearing aid users report that they don't have to keep asking a spouse to repeat what others said. They can hear a grandchild's first words or more fully participate in religious services. Many are thrilled by the sounds of nature that had faded away. According to a 1999 study by the National Council on the Aging, hearing aid users think that their use improves their feelings about themselves, relationships with others, mental health, and overall quality of life.



How does your hearing work?

As sound passes through each ear, it sets off a chain reaction. The outer ear (1) collects pressure (sound) waves and funnels them through to the ear canal. These vibrations strike the eardrum. The eardrum vibrates the delicate bones of the middle ear (2) that conduct the vibrations into fluid in the inner ear (3). The vibrations stimulate tiny nerve endings (hair cells) that transform vibrations into electro-chemical impulses. The impulses travel to the brain (4) where they are understood as sounds, such as speech, music, or noise.

What are the signs of hearing loss?

While a history of hearing loss in your family or exposure to high noise levels may cause hearing loss, the easiest way to identify hearing loss is to notice how your hearing affects your daily life. You are probably the best judge of whether your hearing has declined.

You should have your hearing checked if you have experienced more than a couple of these signs of hearing loss.

- Tired or stressed from trying to hear
- Believe that everybody mumbles
- Find it easier to understand others when you are looking directly at their faces
- Frequently ask others to repeat themselves
- Increase television or radio volume to a point that others complain
- Have difficulty understanding speech in noisy places like cars, restaurants and theaters.
- Fail to understand doctor's instructions about medications
- Make inappropriate responses because you didn't understand the question
- Miss essential sounds like doorbells, alarm clocks, smoke alarms
- Have trouble hearing on the telephone
- Turn one ear towards a speaker to hear better

How do you select a hearing care provider?

Not only do you need to purchase a product, you need to rely on the services of a qualified professional who must assist you with your selection. In beginning your search for the person who will sell you and fit you for a hearing aid, your doctor may refer you, or friends and neighbors may suggest someone. A friend's successful experience is a good indicator of the professional's quality of service, although not of the type of aid you may need. Professionals who provide hearing health care and sell hearing aids are generally called "hearing care professionals" or "hearing aid dispensers." They may be either audiologists or hearing aid specialists. In most cities, a variety of professionals dispense hearing aids, although you may have limited choices in rural areas.

Some large retail chains have hearing care professionals in some stores.

Shop around among hearing care professionals to compare prices and services; testing procedures, products, services, and prices vary considerably.

Some hearing care professionals bill separately for the testing and the aid; but most quote one price that includes many services other than just the aid.

Check with the state licensing boards for audiologists and hearing aid specialists, Better Business Bureau, local consumer protection agency, or state attorney general's office for records of any complaints against the dispenser you are considering. You should give the same care to selecting a hearing care professional that you give to selecting your other health care providers.

What does a hearing care professional do?

At a minimum, the hearing aid dispenser will use complex equipment to test your hearing and then evaluate your need for an aid. You should expect that the dispenser will then recommend the best aid for your individual loss, your listening environments, and your budget. As probably the most important step, the dispenser will fit, or "fine tune," the appropriate aid to your physical and audiological needs.

On the more technologically advanced aids, the audiologist will fit your aid to your audiological specifications with sophisticated computer software right in the office.

The dispenser will need to counsel you on how to use your aids and provide follow-up care and adjustments. You should get oral and written instruction on how to insert your aid, how to adjust and care for it, and how your family must adjust to your hearing aid use.

What are the characteristics of a good dispenser?

Beyond the minimum skill and service provided to hearing aid clients, the "good" dispenser focuses on being a health care provider, rather than the seller of a product. You should look for a hearing care professional who will take the time to find out about how your hearing affects your lifestyle, figure out which of the many hearing aid options best fits your needs, and stay with you for as long as it takes to make your hearing aid work right for you.

Look for the following characteristics when selecting a dispenser:

- Is licensed or certified
- Has adequate testing equipment in a sound-controlled environment
- Offers aids from a variety of manufacturers
- Demonstrates competence in fitting hearing aids
- Works with you to get satisfactory fit
- Explains all costs, trial periods, warranties, insurance
- Offers continuing support services

What are the kinds of hearing professionals?

The three kinds of hearing health care professionals are otolaryngologists (otologists), audiologists, and hearing aid specialists. One distinction is the amount of their formal education. Each group may have different licensing requirements or have different certifications. Private organizations certify audiologists and hearing aid specialists who meet their specific requirements. The letters after a dispenser's name indicate if they are certified.

Otolaryngologists, more commonly known as ear, nose, and throat specialists (or ENTs), are physicians who have specialized residency and internship training in the medical conditions of the ear. While most do not fit hearing aids, many will have audiologists on staff to test hearing and dispense hearing aids.

Audiologists have a master's or doctoral degree in audiology with a 9-month postgraduate fellowship in measuring and treating hearing loss. The initials CCC-A following an audiologist's name in-

dicates that he or she has a Certificate of Clinical Competence in Audiology awarded by the American Speech-Language-Hearing Association (ASHA). To receive this certification, the audiologist, in addition to a professional degree, has completed a 36-week clinical internship, and passed a national examination.

Hearing aid specialists' education requirements vary by state, and virtually all states require a specialist to pass an exam before being issued a license. These individuals may also be certified as hearing instrument specialists (BC-HIS) by the International Hearing Society (IHS). To receive this certification, the hearing aid specialist has passed a national competency exam and has 2 years' experience.

What will happen when you get your hearing tested?

The dispenser examining your hearing will first ask you a number of open-ended questions about how hearing loss affects your life every day; try to be as specific about your hearing requirements and hearing problem as possible. You and your family may have filled in a self-assessment questionnaire before your first visit. The dispenser will inquire about how you spend your day and where you notice the most difficulty in hearing. He or she will want to observe your dexterity in handling aids and batteries. Expect other questions about medications, pain, drainage, surgery, dizziness, ringing in your ears, family history of hearing problems, and prior experience with aids.

Testing

The dispenser will conduct a series of tests to determine the type and extent of your hearing loss. You will sit in a sound-controlled booth and wear earphones. The dispenser will ask you to push a button or raise your hand when you hear a tone or a word. Typical tests include pure tone air conduction, speech reception threshold, and word recognition tests.

One typical test that you will take on your first visit is the pure tone air conduction audiometry. This test determines how well you hear at different frequencies. The audiometer produces a range of pure tones of varying frequency [or pitch, called Hertz (Hz)] and intensity [loudness, called decibels (dB)].

The bone conduction test is a painless vibration of your skull that goes directly to the inner ear. The dispenser will put an instrument against the mastoid bone behind your ear and present the same frequencies as in the pure tone test.

The speech reception threshold test shows at what decibel you start to understand speech. You will listen for two-syllable words spoken at increasingly softer volumes until you can no longer repeat correctly the words spoken.

During the speech discrimination test, you will repeat what is being said to tell how well you will do with a hearing aid.

The most comfortable loudness level tells the dispenser at which volume you can hear more comfortably what is said, while the loudness discomfort level indicates how loud a sound you can tolerate.

Your test results are recorded on a graph called an audiogram. If your hearing is perfect, your audiogram would show a fairly straight line across the top, from 250 Hz (low bass sounds) to 8000 Hz (high treble sounds). The typical audiogram for

someone with age-related hearing loss slopes downward to the right, usually at about the 1000 Hz level, indicating that the greatest hearing loss is in the higher ranges.

Do not hesitate to ask the purpose of each test before you receive it and for an explanation of all test results. Be sure to take home a copy of your audiogram.

Depending on the style of hearing aids that are recommended, the dispenser may also take an ear impression by inserting a soft plastic mold in your ear canal. This mold, indicating the exact conformation of your ear canal, is used to shape your hearing aid.



To check if a battery is still good, cup your turned-on aid in your hand. If you hear feedback, the battery is good. If you don't hear any noise, make sure your aid is turned on or replace the battery. Assess your hearing loss online at: www.audiology.org/aboutaudiology/consumer/guides/quicktest.htm

Checking Your Hearing

What steps should you take if you have a hearing problem?

First-time hearing aid shoppers wonder where to begin. Where do you go to get a hearing aid? Unlike most consumer purchases, you can't just walk into a store and pick out one. You are buying an expensive piece of electronic equipment that someone has to adjust to your specific hearing needs. Because most hearing aids are custom-molded and custom-adjusted to your needs, you can't easily "try one on for size." Your hearing care professional can give you good examples of amplification, but these demonstrations will not necessarily sound exactly like your own hearing aids. You also need to stay away from ordering an aid online or through the mail-order advertise-

ments for devices that look like hearing aids. A "discount" price just for the aid does not include the necessary services for testing, fitting, and after care. Here are the basic steps you need to take to have a satisfactory buying experience. You will find more detailed explanations later in this booklet.

Doctor visit

You may want to have your physician (or an otolaryngologist or otologist) examine your ears to make sure you have no underlying medical problem. The physician can rule out the need for medical or surgical treatment for your loss and probably refer you to a hearing care professional who fits hearing aids. However, medically treatable hearing loss accounts for less than 10 percent of cases.

Evaluation

After conducting the assessment tests, the dispenser will meet with you and your family to review the test findings and identify areas where you have difficulty hearing. The dispenser will talk with you about what you can realistically expect from a hearing aid, as well as explain any limits that can't be helped even with an aid.

After fitting you with your hearing aid, the dispenser will take a Real Ear Measurement. The dispenser will put a tiny microphone in your ear canal alongside your new hearing aid. This test tells how your aid is functioning while in your ear. By measuring the actual sound waves your hearing aid produces in your ear canal, the dispenser can determine if your hearing aid's amplification is correct for your hearing loss.

What else can you expect?

There is more to a successful hearing aid fitting than just selling you a product. After your dispenser

tests your hearing, recommends a specific hearing aid, and adjusts it to your hearing pattern, you should expect the dispenser to teach you how to insert your aid, turn it on, set the volume, use it with the telephone, listen to television or hear in different listening environments, take it out, clean and store it, and change the batteries. You will also get clear instructions—orally and in writing—on how many hours per day you should wear your new aid initially and how to handle any problems. Your family should learn how to assist you as a new user.

You should also be given information on assistive listening devices, education, and support groups (aural rehabilitation) and hearing loss consumer organizations, such as those listed at the end of this publication. Be sure you know about your choices of batteries, the trial period, manufacturer's warranty, insurance for loss, and repair costs.

Check qualifications

Check the qualifications and the licensing of the professional who will do the testing and fitting. This could be an audiologist or hearing aid specialist.

Verify services

Find out what services the audiologist or hearing aid specialist provides.

Hearing screening

You will need a comprehensive hearing examination to determine the extent of your hearing loss.

Test results

Ask for a copy and clear description of your test

results (audiogram). Make sure you understand what the test results mean, so you will be able to understand the available options.

Aid recommendation

Be sure you understand why the hearing care professional recommends a particular type of hearing aid. Make sure it has the features you need and that you will be completely trained to use them. Know the trial period, manufacturer's warranty on the aid, how to get repairs, and how long you can expect the batteries to last.

Follow-up care

Understand all follow-up care instructions and schedule follow-up visits.

Schedule a follow-up visit to make sure you have a satisfactory fit. During this session, the specialist will make any adjustments, replace the aid if necessary, and answer any questions. It's a good idea also to schedule a semiannual routine cleaning and an annual check-up.

What is the "trial period"?

No one hearing aid is appropriate for every one. If you have unforeseen problems after trying the aid, you can switch to another product—a different style of aid or level of technology—or get a refund.

The trial period allows you to make sure that you will benefit from the particular hearing aid the dispenser selected for you. As a new user, you need time to learn about how your hearing aid works in different hearing environments.

By law in some states and by practice elsewhere, you can return your hearing aid for a refund if you are dissatisfied. You typically will have at least a 30-day trial period in which you can return the aid for a refund. At least 10 states and the District of Columbia require some trial period. New York's law requires a 45-day trial period. Some hearing care professionals may extend the trial period to 60 days

or more for wearers with special needs or complex problems. Be sure to ask for an extension if you think you might need extra time. You may have to pay a small return fee in the range of \$50 to \$200, but be sure you know what that fee will be ahead of time. Even if you do not need to return the aid, you will probably need to have some adjustments in the fit or settings. Be certain that you understand the dispenser's policy for follow-up appointments.

Types of Hearing Aids

Hearing aids come in many types and sizes, with a wide variety of features. Just which is best for you depends on your individual hearing loss and your personal needs. Your audiogram along with your budget and dexterity must all be coordinated to find the right aid for you.

What are the choices among hearing aids?

A modern hearing aid is an electronic device that picks up sound waves with a tiny microphone, changes weaker sounds into louder sounds and modifies the sound signals in other ways, and conveys them to the ear through a tiny speaker. A small battery powers all this. Beyond the basics of

You can tell an aid's style by its three initials

There are three initials that indicate where a hearing aid is worn.

BTEs—behind the ear — are about one inch long and fit snugly behind your outer ear.

ITEs—in the ear — are custom-fitted to your outer ear's contours.

ITCs—in the canal — are smaller. They fit farther into the ear canal so they are barely visible.

CICs—completely in the canal — are the smallest ITEs. Cosmetically, they may be the most flattering, but their tiny size can be a real disadvantage in handling.

microphone, and conveys them to the ear through a tiny speaker. A small battery powers all this. Beyond the basics of microphone, amplifier, and speaker is a technological array of sizes and options that your hearing care professional will explain to you. The newest designs are like tiny computers that automatically adjust the hearing aid for you in different listening environments.

Style

Style is one way to distinguish among hearing aids, which range from larger units that fit behind the ear to tiny ones that are almost invisible. You can tell an aid's style by three initials that indicate where they are worn.

BTEs—behind the ear—are about one inch long and fit snugly behind your outer ear. A small tube connects with the amplification device behind your ear and delivers amplified sound into your ear canal. It has an adjustable volume control. The battery fits into a compartment at the bottom of the aid. Its larger size allows for more power and features, such as telecoils. BTEs are suitable for the entire range of hearing loss.

OTEs—on the ear — are a new style of BTE that is extremely small and sits on top of the outer ear. The tube going into the ear canal can be very narrow

and, in some OTEs, may have a speaker located in the ear canal itself.

ITEs—in the ear — are custom-fitted to your outer ear's contours. Both the volume control and the battery are smaller than the ones used in a BTE. The smaller size may not amplify sufficiently for those with very severe loss. For some users, this small size can be difficult to insert or remove, change batteries, or adjust the volume. Most ITE

aids have special features, such as telecoils, to make talking on the telephone easier. ITEs are appropriate for those with mild to moderate loss.

ITCs—in the canal — are smaller. They fit farther into the ear canal so they are barely visible. They are cosmetically appealing but are harder to manipulate and may not be powerful enough for someone with severe loss. They are customized to fit the size and shape of your ear canal.

CICs — completely in the canal — are the smallest ITEs. Cosmetically, they may be the most flattering, but their tiny size can be a real disadvantage in handling. Because they are closest to your eardrum, they need less power and take a smaller battery. They are the most expensive ITEs because of their miniaturized circuitry, and they often need more frequent maintenance and cleaning than larger aids because of their placement in the canal.



How are the newer hearing aids different?

In the past decade, hearing aids have changed considerably. The new technology means:

- Newer aids are much more cosmetically appealing.
- Current aids can provide a cleaner, higher quality sound than those of a few years ago because of changes in how the sound is processed, as over 90% of hearing aids today have digital, rather than older analog technology.
- They can provide more listening comfort due to better automatic control of volume and frequency response.
- The dispenser can readily adjust newer models in the office, rather than having to send them back to the factory for adjustments.

Technology

In addition to changing styles, hearing aids have experienced dramatic improvements in the technology, or circuitry, used to amplify sound and how the aid is modified to your hearing needs.

Conventional Analog hearing aids amplify speech and noise alike, although they may have features and adjustments that can modify the sounds differentially. Until recently, this was the basic technology of hearing aids. This type of aid is generally the least expensive, but it may not be reprogrammed if your hearing changes over time.

Digital Programmable (DSP or digitized sound processing) hearing aids convert sound waves into digital signals. A computer chip in the aid converts sound waves to numbers and then analyzes and manipulates the numbers according to a set of rules (algorithms) programmed into the chip. The computer chip can tell, mathematically, if the

incoming sound has the sound wave pattern of noise or of speech. It blocks out continuous background noise, while selectively amplifying the sound patterns of speech. DSP allows for more flexibility in programming the aid so the sound it transmits matches your specific pattern of hearing loss. This is typically the more expensive design, although sales of DSP accounted for over 90 percent of all hearing aids sales in 2006.

How much do they cost?

Manufacturers don't set retail prices (hearing care professionals do) so you may find the same hearing aid costs \$300 less just across town. However, it's important to know how hearing aids are priced so you will know what to compare and what you will get for your money.

Quality service and product selection may be even more important than bottom-line price. An office with a broad range of products from more than one manufacturer has more options in recommending the most appropriate aid for your needs.

You need to compare prices and services among hearing care professionals. Find out exactly what's included in a quoted price. Hearing care professionals generally quote one price for the whole package of services. Ask them to break out the separate charges for testing and evaluation, fitting, and follow-up care, as well as the aid. Keep in mind that you won't know the full cost of a particular aid until you have had your hearing tested. To make a fair cost comparison, you will need to know the full specifications of the recommended hearing aid model.

If you are going to get a second opinion, insist on getting a copy of your audiogram. You should be able to get a second opinion based on the initial audiogram. If the second dispenser wants to retest

you, you shouldn't have to pay for testing more than once.

The second dispenser may recommend a different model or offer you a different price. If the second dispenser recommends a different model, ask what the differences are. It may be that the dispenser doesn't stock a particular brand.

In pricing hearing aids, also watch for excessive, non-refundable fees, such as a high "restocking" fee if your first aid doesn't work out and you need a different style. Ask if you will have to pay any fees if you return the aid within the trial period. Find out how many return visits for adjustments or cleaning you will get.

Be skeptical of "free" hearing tests. The cost of a "free" test may show up in the price of the hearing aid or in the difficulty you will have in getting a copy of your test results. Be sure you find out in advance how much "free" testing will cost if you do not buy an aid and only want a copy of your audiogram.

Make sure that no hidden strings come with any "free" test, such as being free only if you buy a hearing aid that same day. As with any consumer purchase, also be wary of any "sale" price. It could be the price the dispenser normally charges for that hearing aid.

Decibels

Decibels are like degrees on a thermometer. As temperature increases, so do the number of degrees. As the volume of sound increases, so do the number of decibels. Normal conversation is usually between 45-55 dB. You will be tested for both Hz and dB at each of four to eight frequencies because hearing loss is not usually the same at all frequencies. Some low frequencies (most background noise like traffic and fans) can be heard at very low volume, while high frequency sounds (flute and child's voice) are hard to distinguish at softer volume.

Decibels	Levels of Loss	Hearing Aid Need
0—20 dB	Normal	None
20—40 dB	Mild	Useful in some situations; difficulty understanding normal speech, especially sounds of "f", "s," "ch"
40 - 60 dB	Moderate	Frequently needed
60 - 80 dB	Severe	Needed for all verbal communications.
80+ dB	Profound	Hearing aid required plus speech reading training and aural rehabilitation; may require cochlear implant.

What should you know about batteries?

All hearing aids require batteries. Replacing batteries is one of the ongoing costs of wearing hearing aids. Be sure you learn from your dispenser which type of batteries to use, how to insert them properly, and how to test them. How long a battery will last depends on the battery type, your aid's power requirements, and how long you use it each day. Batteries may last from several days to several weeks.

Batteries come in different sizes depending on the size and power needs of your hearing aid. Hearing aids typically use one of five different sizes—675, 312, 13, 10, and 5. Compare prices on batteries and consider buying them in bulk, on sale, or from battery clubs to save money.

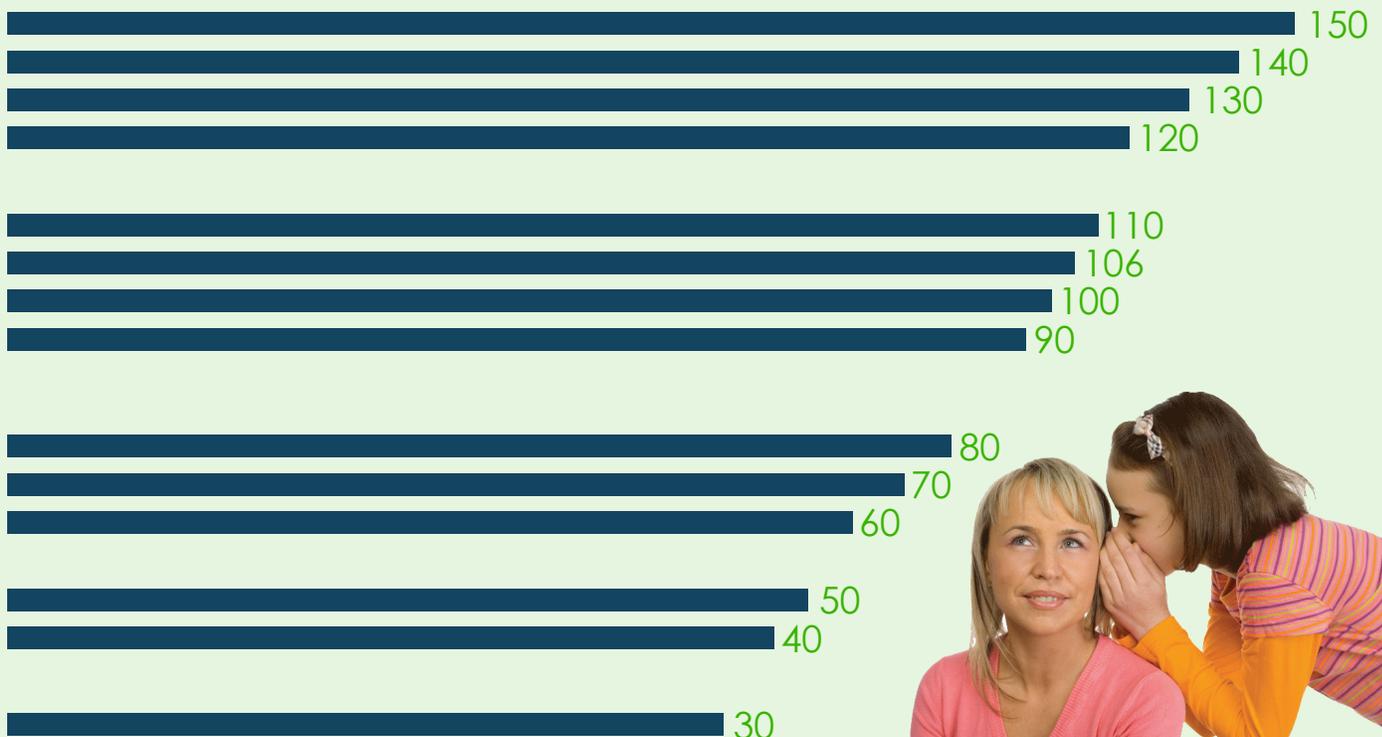
You can conserve the battery's life by turning off the

hearing aid when you are not using it. Find out if you should open the battery door or remove the battery at night. You can extend the life of your spare batteries if you store them in a cool, dry place, but don't put them in the refrigerator because the moisture reduces battery life. And don't carry them around loose in your pocket or purse; keys or coins could short out your battery. Keep them in the original packaging until you need to use one. If they rattle around together, they can short each other out.

If you accidentally swallow a battery or get a battery burn, contact your doctor or call the National Button Battery Hotline at 202-625-3333.

Be sure to pull the paper tab off the battery just before inserting it. The paper tab lengthens the battery's life from the time it is manufactured to your use. When you remove the paper tab, put the tab on your calendar to remind you when you last changed your batteries.

Decibels



Noise Levels

Both the amount of noise and the length of time you are exposed to the noise determine its ability to damage your hearing. Noise levels are measured in decibels (dB). The higher the decibel level, the louder the noise. Sounds louder than 80 decibels are considered potentially hazardous. The noise chart below gives an idea of average decibel levels for everyday sounds around you.

SOURCE: American Speech-Language-Hearing Association

Painful

Rock music peak
Firearms, air raid siren, jet engine
Jackhammer
Jet plane take-off, amplified rock music at 4-6 ft.,
car stereo,
band practice

Extremely loud

Rock music, model airplane
Timpani and bass drum rolls
Snowmobile, chain saw, pneumatic drill
Lawnmower, shop tools, truck traffic, subway

Very loud

Alarm clock, busy street
Busy traffic, vacuum cleaner
Conversation, dishwasher

Moderate

Moderate rainfall
Quiet room

Faint

Whisper, quiet library

Paying for Hearing Aids

According to a 2004 national survey by the hearing industry's MarkeTrak, the average price of a hearing aid was \$1,369. For most people, this is a sizable investment that they have to pay out of their own pocket. Although only about 37 percent of the aids sold in 2004 were paid for by Medicare, Veterans Administration, union benefits, insurance policies, or HMOs, it may pay for you to look for sources of possible coverage for your aids or hearing care services.

Will Medicare pay for any costs?

Many people shy away from hearing aids because of the high cost. You should know that Medicare Part B may cover some diagnostic audiology services. Medicare won't pay for the hearing aid, but may pay for some professional services.

What does the Veterans Administration provide?

You may be eligible for hearing aids from the Veterans Administration (VA) if you are a veteran with a documented service connected hearing loss, veteran receiving a disability rating of 10% or more—for a condition other than hearing loss, or a veteran with very special needs. With the exception of veterans with documented service connection for hearing loss, an eligible veteran must be currently enrolled in and receiving health care from a VA Medical Center or VA Outpatient Clinic. For more information visit www.va.gov.

What about private insurance coverage?

Hearing aids are a major uncovered health care

expense. Many private insurance policies do not cover the cost of testing or of the hearing aids, but check with your carrier to find out what might be available.

What should you know about warranties?

The aid's warranty is an important part of its overall value. Most manufacturers have some sort of warranty—one to three years. Be sure you know all the terms of the manufacturer's warranty and what it covers. Ask if the dispenser has any warranties in addition to the manufacturer's. You can also buy an extended warranty that takes effect after the manufacturer's warranty expires.

For all warranties, know what is and is not covered. Some questions to ask include:

- Are parts, fittings, and adjustments included?
- Will the warranty provide you a new aid if the dog eats it, or you drop it, step on it, lose it on a camping trip, or drop it in a glass of water?
- Will you get an upgrade, or the same model?
- How many years will your aids be covered under the warranty?

Should you buy hearing aid insurance?

Unlike a warranty that covers manufacturing defects and wear-and-tear, insurance covers damage and loss. The annual cost of this insurance runs from \$50 to \$150, depending on the type of hearing aid you have. Obviously, the more technologically advanced aids have higher insurance costs. Your dispenser should have information on insurance coverage and rate schedules.

Read the policy thoroughly before you buy. Find out if your manufacturer includes any loss and damage coverage in the price of your hearing aid. If so, extra insurance may not be necessary. Also check to see if your home insurance policy covers lost or damaged aids. Be sure you understand the difference between the manufacturer's warranty, any optional extended warranty, and loss and damage insurance.

Written Contract

You should insist upon a written contract. Everything you have been promised needs to be in writing. Typical terms in your agreement should include:

- Name of dispenser, state registration number, registration expiration
- Manufacturer's name and model, color, serial number, manufacture date
- Itemized price
- Length of trial period
- Any nonrefundable costs
- Payment terms
- Repair policy
- Warranty terms by either the manufacturer or dispenser
- Insurance policy options
- Procedures if the aid malfunctions
- Time required for repair
- Repair costs
- Loaner aid policy during repair



After Care

Adjusting to your new aids?

A hearing aid won't cure your hearing loss, just as prescription glasses don't cure any vision problem. You will still have difficulties hearing in some situations, but so do many people.

When you first start wearing a new hearing aid you will need to do some adapting. New aids aren't as easy to get used to as new glasses, even your first day with bifocals. You will have to figure out how to work with your aid, as well as new ways to hear. Don't be surprised if, at first, it all seems somewhat overwhelming. Getting used to hearing aids takes some patience and practice.

You will need to practice identifying the left aid and right aid, putting in and removing your aids, and replacing the battery. If you find them uncomfortable, you may want to wear them for only a short time the first few days. It's important that you wear them in a number of different hearing environments to see how they work. Your own voice may be surprisingly loud. Your hearing specialist may be able to adjust your aid to correct this problem. Most people get used to it over time.

You can expect to return three to five times for follow-up visits, or tune-ups, with your dispenser. Because of the wide variety of possible adjustments, you will need to work closely with your dispenser to get the right settings. If your hearing aids create feedback, or "whistle," you may need setting changes or have wax or fluid removed from your ears. Remember! If your aid is uncomfortable or unsuitable after a short time of trying it out, you should go back to the dispenser—within 30 days. You may need to review with the dispenser how to work with your aids, or have the dispenser make some adjustments in the settings, or return them for a refund or replacement.

What is aural rehabilitation?

Most new users need some coaching on new listening skills. Be sure your dispenser offers you and your spouse or family special sessions using visual clues such as lip movements and facial expressions to get the most out of your aids. You and your family need to become accustomed to new talking and listening skills. Some hearing care professionals bring together small groups of new users to share similar experiences and solutions.

One aid or two?

If you have a hearing loss in both ears, your hearing care professional will probably recommend that you purchase two (binaural) hearing aids. About 80 percent of aid users with bilateral loss wear two aids. Two aids should improve your safety because you can tell better where sounds are coming from, such as on-coming cars. Binaural aids also improve your understanding of words in noisy locations and give you better overall hearing in difficult situations, such as outdoors or in cars. Obviously, two aids are more expensive than one, although you may get a discount for the second aid. You might get by with just one aid if your hearing loss is much greater in one ear. Your "good" or better ear may be able to balance your hearing ability. One aid may be sufficient if your usual listening environment is relatively quiet, rather than in a noisy office.

What are common courtesies in talking with a hearing aid user?

Once you have become accustomed to your new hearing aid, you may want to offer some suggestions to your friends and family about how they can help you hear better. You should give them these pointers:

- **Get my attention first**—I may need to get ready to listen to you, so use my name or tap me gently on the arm before speaking.
- **Slow down**—Because I still need to figure out what you are saying, you need to give me more time to process what you are saying.
- **Face me**—I can understand more of what you are saying if I can see your face.
- **Keep your mouth clear**—No need to exaggerate your lip movements, but don't try to talk to me while you are eating or chewing gum.
- **Come closer**—Your voice will be louder and lip-reading will be easier, if you are no more than three feet away.
- **Turn it down**—The noise of the TV, dishwasher, or air conditioner bothers me more than it bothers other people, so turn it down or off.

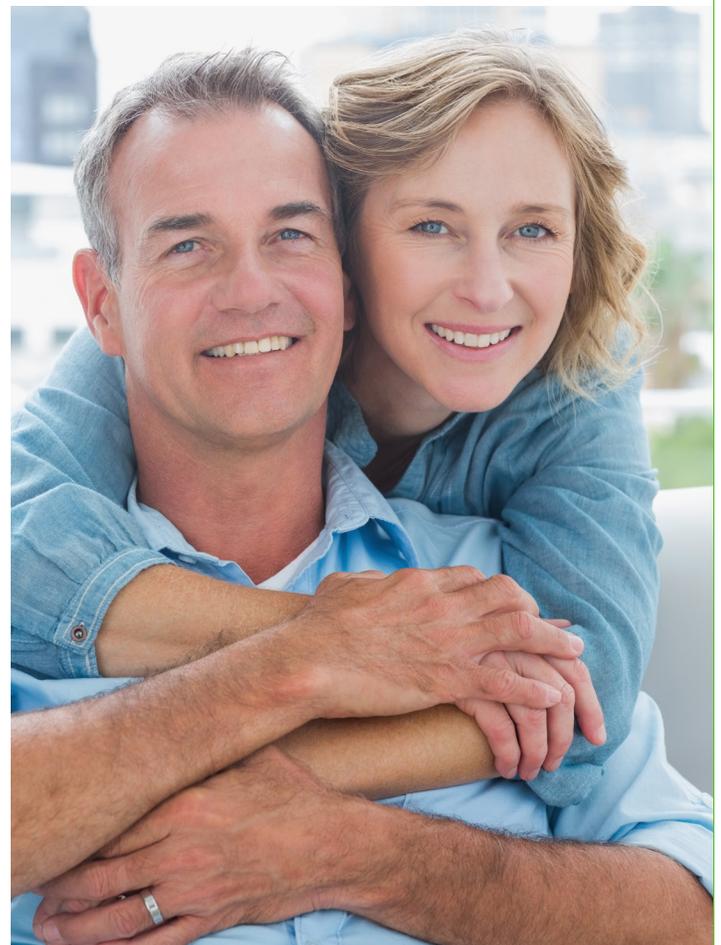
Where do you go to complain?

If you have a problem with your hearing aid that you can't fix, you should first talk with the dispenser. Your dispenser should make adjustments and minor repairs. For major repairs, your dispenser may return your hearing aid to the manufacturer, whether or not it is still under warranty.

If you can't work out a fair solution to your concerns with your dispenser, get in touch with the state licensing board, state attorney general, or local office of

consumer protection. Their telephone numbers should be listed in the blue pages of your telephone book. Many state laws govern hearing aid sales and licensing of hearing specialists. Your state attorney general can tell you what laws apply to hearing aid sales and warranties in your state.

You will also do other consumers a service if you report problem providers to the Better Business Bureau (www.bbb.org for online complaint form and list of local office addresses) and the Federal Trade Commission (FTC) Consumer Resource Center (toll free 877-FTC-HELP, or mail to FTC, CRC-240, Washington, DC 20580, or go to www.ftc.gov). The FTC is responsible for monitoring the business practices of hearing care professionals. Although the FTC cannot resolve individual problems, it can take action against companies that mislead or deceive consumers by giving inaccurate information about hearing loss, hearing aid performance, refund policies, or warranty coverage.



What should I know about other assistive devices?

In addition to your hearing aids, you may find other products helpful if you have difficulty understanding speech while attending a religious service, watching a play or television, or talking on the telephone. For safety's sake, you may also need to "see" or "feel" certain sounds. You can get most assistive devices through your hearing care specialist.

Alerting

Alerting devices use a flashing light, loud sound, or vibration to warn you of a telephone, doorbell, smoke alarm, baby, alarm, siren, or car turn signal. If you have a hard time hearing an alarm clock, you could use a device that vibrates your pillow. Or you could attach a strobe light to a smoke detector. A vibrating watch can remind you when it is time to get to a meeting.

Listening

Various listening devices can be used with or without your hearing aids to improve your hearing in difficult listening environments.

For guides on "Selecting a Hearing Aid," and "Getting the Most Out of a Visit to a Hearing Aid Specialist" write to Hearing Loss Association of America, 7910 Woodmont Ave., Suite 1200, Bethesda, MD 20814 or check their web site at www.hearingloss.org.

Most hearing aids have telecoil circuitry that allows you to receive sound directly from the infrared or FM systems, eliminating background noise. You can use personal listening systems in places where it is hard to face the person who is speaking, as in a car. Useful indoors or outside, the speaker clips a small amplifier to a belt and talks into a small microphone and the listener wears earphones or headphones that amplify the speaker's voice.

A doctor or a lawyer may find this system useful in conversations with patients or clients who don't use hearing aids.

An induction loop may be useful in a variety of settings. The loop is a wire that surrounds a designated area, such as certain pews in a church, a hotel check-in counter, or even the inside of your car to make it easier to talk with a passenger. A microphone near the speaker sends a signal via the wire to your hearing aid equipped with a telecoil.

Infrared systems may be used indoors in theaters, courtrooms, or auditoriums. This system uses an invisible light beam to transmit sound from the speaker to lightweight earphones or a neck loop (if your aids are equipped with a telecoil switch). You also can use an infrared system to amplify television programs without disturbing others in the room. Personal FM systems are similar to infrared systems, but transmit using radio waves.

Closed-caption decoders transcribe spoken words on your television into written words at the bottom of your screen. All televisions with 13 inch or larger screens must have closed-caption capability.

Telecommunicating

Special products are also available to help you talk on the telephone. You may want a special telephone with a flashing light to alert you to an incoming call, or one with an amplifier that you can switch on when you use the phone. New products are coming out to address the problems electromagnetic interference causes hearing aid users trying to use digital cellular phones.

Telecoil circuitry allows you to talk on the phone without your hearing aid whistling. With telecoil capability in your hearing aid and in your phone, you bypass your hearing aid's microphone and pick up a telephone signal directly through the telephone.

Where can you get additional information?

Websites

Federal Trade Commission: www.ftc.gov/bcp/conline/pubs/health/hearing.shtm

National Institutes of Health: www.nidcd.nih.gov

AARP: www.aarp.org/health

Hearing Related Organizations

Alexander Graham Bell Association for the Deaf and Hard of Hearing

3417 Volta Place, NW
Washington, DC 20007
202-337-5220 (voice)
202-337-5221 (TTY)
www.agbell.org

Academy of Doctors of Audiology

401 N. Michigan Avenue, Suite 2200
Chicago, IL 60611
1-866-493-5544 (voice)
www.audiologist.org

American Academy of Audiology

11730 Plaza America Drive, Suite 300
Reston, VA 20190
1-800-AAA-2336 (voice)
www.audiology.org

American Academy of Otolaryngology- Head and Neck Surgery

One Prince Street
Alexandria, VA 22314
703-836-4444 (voice)
www.entnet.org

American Speech-Language- Hearing Association

10801 Rockville Pike
Rockville, MD 20852
1-800-638-8255 (voice)
www.asha.org

Better Hearing Institute

515 King Street, Suite 420
Alexandria, VA 22314
703-684-3391 (voice)
Website: www.betterhearing.org

Hear Now

6700 Washington Avenue South
Eden Prairie, MN 55344
1-800-648-4327 (voice)
Website: www.sotheworldmayhear.org/hearnow/

International Hearing Society

16880 Middlebelt Road, Suite 4
Livonia, MI 48154
734-522-7200 (voice)
Website: www.ihsinfo.org

Hearing Loss Association of America

7910 Woodmont Avenue, Suite 1200
Bethesda, MD 20814
301-657-2248 (voice)
301-657-2249 (TTY)
Website: www.hearingloss.org



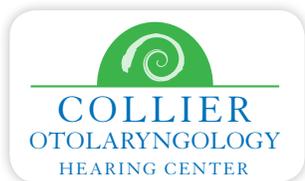
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PHONAK

Model	# Channels (Varies by Model)	Wireless Capable	# Listening Programs	Warranty (Varies by Model)	Versions
Ambra	20	Yes - Advanced	5	3 Years	BTE ,Micro BTE ,ITE,ITC ,CIC ,Micro CIC
Audeo S Smart	Up to 20	Yes - Advanced	Up to 5	3 Years	Micro BTE
Audeo S Mini	Up to 20	No	1	3 Years	Micro BTE
Audeo YES	Up to 20	Yes	Up to 5	3 Years	Micro BTE
Cassia	6	Yes	3	3 Years	BTE ,Micro BTE ,ITE,ITC ,CIC ,Micro CIC
Naida S	Up to 20	Yes	Up to 5	3 Years	BTE ,Micro BTE
Nios Micro	Up to 16	Yes	Up to 4	3 Years	Micro BTE
Milo	4	No	Up to 4	3 Years	BTE ,Micro BTE ,ITE,ITC ,CIC
Solana	16	Yes	4	3 Years	BTE ,Micro BTE ,ITE,ITC ,CIC ,Micro CIC
Nano	Up to 20	No	1	3 Years	Micro CIC
Bolero Q	Up to 12	Yes - Advanced	4	3 Years	BTE
Virto Q		Yes - Advanced		3 Years	ITE,ITC ,CIC ,Micro CIC
Naida Q	Up to 20	Yes - Advanced		3 Years	BTE
Audeo Q	Up to 20	Yes - Advanced		3 Years	BTE ,7

NOTE:

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Model	# Channels (Varies by Model)	Wireless Capable	# Listening Programs	Warranty (Varies by Model)	Versions
Quantum	Up to 20	Yes	Up to 4	Up to 3	BTE ,Micro BTE ,ITE,ITC ,CIC ,Micro CIC
Latitude	Up to 16	Yes	Up to 3	Up to 2 Years	BTE ,Micro BTE ,ITE,ITC ,CIC
360	Up to 8	No	Up to 3	Up to 2	BTE
Moxi	Up to 20	Yes	Up to 4	Up to 3 Years	Micro BTE
Tandem	Up to 16	No	Up to 3	Up to 2 Years	BTE
Shine	4	No	2	1 Year	BTE ,Micro BTE ,ITE,ITC ,CIC
Quantum Pro	20	Yes - Advanced	Up to 4	3 years	BTE ,Micro BTE ,ITE,ITC ,CIC ,Micro CIC
Quantum Micro CIC	Up to 20	Yes	Up to 4	Up to 2 Years	Micro CIC
Max	Up to 20	Yes - Advanced	Up to 4	3 Years	BTE
Moxi Kiss	Up to 20.	Yes - Advanced	Up to 3.	Up to 3 years.	BTE

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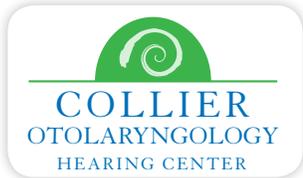
ReSound

rediscover hearing

Model	# Channels (Varies by Model)	Wireless Capable	# Listening Programs	Warranty (Varies by Model)	Versions
Alera	Up to 17	Yes - Advanced	Up to 4	Up to 3 Years	BTE ,Micro BTE ,ITE,ITC ,CIC
Live	Up to 17	No	Up to 4	Up to 3 Years	BTE ,Micro BTE ,ITE,ITC ,CIC
Sparx	6	No	2	2 Years	BTE
Essence	6	No	2	1 Year	BTE ,ITE,ITC ,CIC

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SIEMENS

Model	# Channels (Varies by Model)	Wireless Capable	# Listening Programs	Warranty (Varies by Model)	Versions
Aquaris	Up to 16	Yes - Advanced	5	Up to 3 Years	BTE
Pure	Up to 16	Yes	Up to 5	Up to 3 Years	Micro BTE
Life	Up to 16	Yes	Up to 5	Up to 3 Years	Micro BTE
Motion	Up to 16	Yes	Up to 5	Up to 3 Years	BTE ,ITE,ITC ,CIC
iMini	16	No	1	3 Years	Micro CIC
Pure Carat	Up to 16	Yes	Up to 5	Up to 3 Years	Micro BTE
Nitro	Up to 16	No	Up to 5	Up to 3 Years	BTE ,ITE,ITC ,CIC
Eclipse	Up to 16	Yes - Advanced	5	Up to 3 Years	CIC
Ace	Up to 20	Yes - Advanced	6	Up to 3 Years	Micro BTE ,CIC

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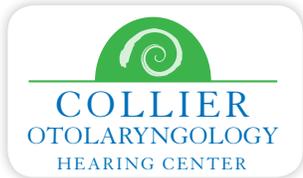
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Model	# Channels (Varies by Model)	Wireless Capable	# Listening Programs	Warranty (Varies by Model)	Versions
Groove	24	No	5	3 Years	Micro CIC
Varicom	Up to 12	Yes	Up to 4	Up to 3 Years	BTE ,Micro BTE ,ITE,ITC ,CIC
Touch	Up to 24	No	Up to 4	Up to 3 Years	Micro BTE
Ion	Up to 24	Yes - Advanced	4	Up to 3	Micro BTE
Velocity	Up to 24	No	Up to 4	Up to 3 Years	BTE ,Micro BTE ,ITE,ITC ,CIC
Endura	Up to 12	Yes		Up to 3 Years	BTE
Flip	Up to 10	No	Up to 4	Up to 3 Years	Micro BTE

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Model	# Channels (Varies by Model)	Wireless Capable	# Listening Programs	Warranty (Varies by Model)	Versions
Wi-Series	Up to 16	Yes	Up to 4	Call for Warranty Information	Micro BTE ,ITE,ITC ,CIC
Xino	Up to 16	No	Up to 4	Call for Warranty Information	BTE ,Micro BTE ,ITE,ITC ,CIC ,Micro CIC
3 Series		Yes - Advanced		Up to 3 Years	BTE ,Micro BTE
Soundlens		Yes - Advanced		Up to 3 Years	ITC
Ignite		Yes - Advanced		Up to 3 Years	BTE ,ITE,ITC ,CIC

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Model	# Channels (Varies by Model)	Wireless Capable	# Listening Programs	Warranty (Varies by Model)	Versions
Agil & Agil Pro	Up to 10	Yes	Up to 4	Call for Warranty Information	BTE ,Micro BTE ,ITE,ITC ,CIC
Intiga	Up to 10	Yes - Advanced	Up to 5	Call for Warranty Information	Micro BTE
Dual Connect	Up to 10	Yes	Up to 4	Call for Warranty Information	Micro BTE
Dual Mini	Up to 10	No	1	Call for Warranty Information	Micro BTE
Chili	Up to 9	Yes	Up to 4	Call for Warranty Information	BTE
Acto & Acto Pro	Up to 9	No	Up to 4	Call for Warranty Information	BTE ,Micro BTE ,ITE,ITC ,CIC
Ino & Ino Pro	Up to 6	No	1	Call for Warranty Information	BTE ,Micro BTE ,ITE,ITC ,CIC
Alta Pro		Yes		3 Years	BTE

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Model	# Channels (Varies by Model)	Wireless Capable	# Listening Programs	Warranty (Varies by Model)	Versions
Clear	Up to 15	Yes	Up to 4	Up to 3 Years	BTE ,Micro BTE ,ITE,ITC ,CIC
Passion	Up to 15	Yes	Up to 4	Up to 3	Micro BTE
Mind	Up to 15	Yes	Up to 4	Up to 3 Years	BTE ,Micro BTE ,ITE,ITC ,CIC
Real	3	No	3	2 Years	BTE ,Micro BTE ,ITE,ITC ,CIC
Flash	5	No	4	Up to 2 Years	BTE ,Micro BTE ,ITE,ITC ,CIC
Dream		Yes - Advanced		3 Years	BTE ,CIC ,7

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