

Where Do You Experience Hearing Challenges?

To help us provide you with the best possible care, please take a few moments to complete the following questions. Your response will help us make your hearing evaluation and fitting appointment more efficient, effective and successful.

Please read the following statements. Beside each statement, make a check mark that best describes your experience in each situation.

NAME: _____

DATE: _____

Always Sometimes Never

- | | | | |
|---|-------|-------|-------|
| 1. I have to ask people to repeat themselves even when I am in a quiet conversation with one or two other people. | _____ | _____ | _____ |
| 2. My family members complain that I need to turn the television volume up louder than they do. | _____ | _____ | _____ |
| 3. When I talk on the telephone, I miss some of what is said. | _____ | _____ | _____ |
| 4. During a card game, or around a table, I have difficulty hearing the conversation. | _____ | _____ | _____ |
| 5. When I am in a busy public place (shopping center), I have difficulty communicating with others. | _____ | _____ | _____ |
| 6. In meetings, I have to strain to make sure I hear everything. | _____ | _____ | _____ |
| 7. When I am eating in a restaurant, I have to ask my dining companion to repeat things. | _____ | _____ | _____ |
| 8. I miss a lot of information during lectures. | _____ | _____ | _____ |
| 9. When I am listening to music/concerts, I miss parts of the words. | _____ | _____ | _____ |
| 10. If I am in the car with others who are talking, I can't hear what they are saying. | _____ | _____ | _____ |

Circle the numbers of the three listening situations/environments in which you experience the most difficulty hearing and would like to experience improvement.

If not listed please describe here: _____