



Name _____

Date _____

What would you consider to be your chief communication problems? In what situation(s) do you notice the most difficulty hearing or understanding? _____

Do you now, or have you ever, worn a hearing aid? Yes No

If you have, for how many years have you been wearing them? _____

In what kind of home do you live: Single family home Apartment Independent/Assisted Living

Would you consider your lifestyle? Active Moderately active Somewhat Active Not active

Do you have difficulty hearing in these areas?

With one person in a quiet environment?	Yes	Sometimes	No
With one person in background noise, such as a restaurant?	Yes	Sometimes	No
While watching TV?	Yes	Sometimes	No
In small groups of people (2-3) in a quiet environment?	Yes	Sometimes	No
In small groups of people (2-3) in background noise?	Yes	Sometimes	No
In large groups of people (4+) in a quiet environment?	Yes	Sometimes	No
In large groups of people (4+) in background noise?	Yes	Sometimes	No
While at church?	Yes	Sometimes	No
While in meetings, classes or lectures?	Yes	Sometimes	No
While alone in the car?	Yes	Sometimes	No
While with others in the car?	Yes	Sometimes	No
While on your home phone?	Yes	Sometimes	No
While on your cell phone?	Yes	Sometimes	No
While at work?	Yes	Sometimes	No
While in very noisy environments (shop/production floor)?	Yes	Sometimes	No
While at the theater or the movies?	Yes	Sometimes	No
With children's voices?	Yes	Sometimes	No
While at a party?	Yes	Sometimes	No