

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**Check: Always, Sometimes or Never. Please do not skip any questions.**

<b>Does a hearing problem cause you to:</b>	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>	<b>N/A</b>
- feel frustrated when talking to members of your family?	( )	( )	( )	( )
- have difficulty hearing when someone talks in a whisper?	( )	( )	( )	( )
- feel embarrassed/nervous when you meet new people?	( )	( )	( )	( )
- have difficulty hearing or understanding your co-workers, clients or customers?	( )	( )	( )	( )
- have difficulty when visiting friends, neighbors, or relatives?	( )	( )	( )	( )
- have difficulty hearing doctors/healthcare providers?	( )	( )	( )	( )
- have difficulty in movies/theater?	( )	( )	( )	( )
- attend religious services less often than you would like?	( )	( )	( )	( )
- have arguments with family members/loved ones?	( )	( )	( )	( )
- have difficulty when listening to the television/radio?	( )	( )	( )	( )
- limit your personal or social life?	( )	( )	( )	( )
- experience difficulty in restaurants?	( )	( )	( )	( )
- have difficulty understanding or feel left out of conversations in group settings?	( )	( )	( )	( )
- use the telephone less often than you would like?	( )	( )	( )	( )
- be more irritable or tired?	( )	( )	( )	( )

**What is your experience with hearing aids? (check all that apply)**

- I have never used or visited a Hearing Healthcare Professional to inquire about hearing aids
- I have been to another Hearing Healthcare Professional to gather information regarding my hearing difficulties but I have not tried or purchased hearing aids
- I have tried a hearing aid(s) but returned the instrument(s)
- I have a hearing aid(s) but only wear it occasionally or not at all
- I have a hearing aid and wear it regularly in the  Right ear,  Left ear

**What have others said or noticed about your hearing/understanding or communication ability?**

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**What have YOU noticed about your hearing/understanding or communication ability?**

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**List (in order of importance) the listening situations where hearing is most difficult for you:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**What sounds bring you pleasure and would you be happiest to hear better (ie: grandchildren, birds chirping, music, important upcoming event, bridge partner, etc.)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Do you have a smart phone?**  Iphone  Android  None

**How often do you use your smart phone?**  A lot  Moderately  Minimally  N/A

**Is connectivity (streaming phone calls/music) important?**  Yes  Maybe  No

**Do you spend a lot of time outdoors?**  Yes, a lot  Occassionally  No, I'm mostly indoors

**Is music a big part of your life?**  Yes  I listen to music, but not very important  No

**Rank the following in terms of their importance to you in a hearing aid: (1 being the most important)**

Overall Sound Quality  Style/Appearance  Investment

**On a scale of 1-10, how motivated are you to take action regarding your hearing loss? Please circle one**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Not Motivated		Somewhat Motivated		Motivated			Very Motivated		Extremely Motivated