

Where Do YOU Experience Hearing Challenges?

Name: _____ Date: ____/____/____

On a scale of 1 to 10 – 1 being the worst, 10 being the best – how would you rate your overall hearing ability? _____

Please read the following statements. Beside each statement, mark the *circle* that **best** describes your hearing experience in each situation. Thank you for making every effort to help us offer you the best possible care.

Always
Sometimes
Never

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| 1. I need to ask people to repeat themselves when I am in quiet conversation with one or two other persons. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. My family complains that I need to turn the TV volume louder than they do. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. When I talk on the phone or cell phone, I miss some of what is being said. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. During a card game (or other game) around a table, I have difficulty hearing the conversation. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. When I am in a busy public place, such as a shopping center, I have trouble communicating with others. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. In meetings, I must strain to be sure I hear everything. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. When in a restaurant I have to ask my dining companions to repeat. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I miss a lot of what's being said at church and/or classroom lectures. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. When I am listening to music/concerts I miss parts of the performance. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. When I'm in the car, I have trouble hearing what others are saying. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Circle the **3** listening situations/environments in which you have the most difficulty hearing and would like to experience an improvement. If not listed above, please write it here _____