



Hearing Health Assessment

Specifically, how can we help you?

How long has it been since your last hearing test?

How many years ago did you purchase your technology?

1-3 years

3-5 years

5+ years

My current hearing technology performance is satisfactory

Often | Sometimes | Rarely

Often | Sometimes | Rarely

While in background noise

At religious services

In the car

On the phone

In a conference room

In a restaurant

While listening to music

While watching TV

In group conversations

In conversations with spouse

In conversations with children

Tinnitus

Please tell us where you would like to hear better:

- 1.
- 2.
- 3.

Communication: On a scale of 1-10, how do you rate your ability to communicate?

My current hearing technology is:

Often | Sometimes | Rarely

Comfortable

Has feedback or makes whistling noises

Provides hearing confidence on a day-to-day basis

Is cosmetically appealing

If amplification is deemed necessary, **what is most important to you?**

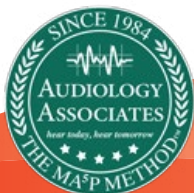
1 = Least important

5 = Most important

Visibility
Expense

Ease of Use
Ability to wear in most situations
(i.e. theatres, movies, on the phone, during exercise)

Minimal amount of maintenance
(i.e. change battery, change programs, cleaning)
Sound/quality comprehension



With Technology