



Hearing Health Assessment

How motivated are you to address the issues that brought you in today?

Specifically, how can we help you?

How long has it been since your last hearing test?

COMMUNICATION

Often | Sometimes | Rarely

Self Questionnaire:

Are you experiencing tinnitus/ringing/buzzing?

Do you experience any balance issues?

Does a hearing Problem:

Make it difficult for you to converse on the telephone?

Cause others to complain that you turn up the television or radio too loud?

Cause you to have difficulty following conversations in a restaurant?

Limit or hamper your personal or social life?

Cause you to have to ask people to repeat themselves?

Cause you to have difficulty hearing when in the presence of background noise?

Cause you to have difficulty hearing women's' or children's voices?

Cause you to hear people speak but fail to understand what they are saying?

Cause you to feel as though others mumble?

Cause you to feel stressed or tired when listening for long periods of time?

Please tell us where you would like to hear better:

- 1.
- 2.
- 3.

Listening Environments and Activity Participation:

Watching TV
Outdoors

Place of Worship
On the Phone

Talking in Groups
Crowded/Noisy Place

Concerts
Lectures

Business Meetings
Exercise Activities

Conversations with
soft voices

Hearing Aid Experience?:

YES NO

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 understanding



Without Technology