



AUDIOLOGY ASSOCIATES

hear today, hear tomorrow

HEARING ASSESSMENT

Do you currently have hearing aids? NO (ONLY Complete Section 1) YES (ONLY Complete Section 2)

** If NO, complete SECTION 1, if YES, complete SECTION 2*

SECTION 1

	Often	Sometimes	Rarely
Please choose one of the following:			
Are you experiencing tinnitus/ringing/buzzing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you experience any balance issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does a hearing Problem Cause YOU....			
Difficulty for you to converse on the phone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turn up the TV or radio so loud others complain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty following conversations in restaurants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty that limits or hampers your personal or social life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To have to ask people to repeat themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To have difficulty hearing at events with background noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To have difficulty hearing women's or children's voices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To hear people speak, but fail to understand what they are saying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To feel as though others mumble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To feel stressed or tired when listening for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My current technology is:			
Comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has feedback or makes whistling noises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides hearing confidence on a day-to-day basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is cosmetically appealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2

		Month/Year:		
When was your last hearing test?				
Age of Hearing Aids?	<input type="checkbox"/> 1-3 Years <input type="checkbox"/> 3-5 Years <input type="checkbox"/> 5+ Years			
My current hearing technology performance is satisfactory...		Often	Sometimes	Rarely
While in background noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At religious services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a conference room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While listening to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
While watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In group conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conversations with Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In conversations with Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tinnitus (Ringing in the ears)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My current technology is:				
Comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has feedback or makes whistling noises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides hearing confidence on a day-to-day basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is cosmetically appealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>