



AUDIOLOGY ASSOCIATES

hear today, hear tomorrow

HEARING ASSESSMENT

Specifically, how can we help you today? _____

How long has it been since your last hearing test? _____

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?

Do you experience any balance issues?

Does a hearing Problem Cause YOU....

Difficulty following conversations in restaurants?

To have difficulty hearing women's or children's voices?

To hear people speak, but fail to understand what they are saying?

Please tell us where you would like to hear better:

SECTION 2

Age of Hearing Aids?

1-3 Years

3-5 Years

5+ Years

My current hearing technology performance is satisfactory...

Often

Sometimes

Rarely

While in background noise?

In the car

On the phone

In a conference room

In a restaurant

While listening to music

While watching TV

In group conversations

My current technology is:

Comfortable

Has feedback or makes whistling noises

Provides hearing confidence on a day-to-day basis

Is cosmetically appealing

Please tell us where you would like to hear better:
