

# Hearing Health Assessment

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Does a hearing problem...

	<u>Yes</u>	<u>No</u>
Limit or hamper your personal or social life?	<input type="checkbox"/>	<input type="checkbox"/>
Cause you to have to ask people to repeat themselves?	<input type="checkbox"/>	<input type="checkbox"/>
Cause you to hear people speak but fail to understand what they are saying?	<input type="checkbox"/>	<input type="checkbox"/>
Cause you to feel as though others mumble?	<input type="checkbox"/>	<input type="checkbox"/>
Cause you to feel stressed or tired when listening for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>

## How much difficulty do you have hearing in the following situations?

	<u>No Difficulty</u>	<u>Moderate Difficulty</u>	<u>Very Much Difficulty</u>
One to one conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversation in small groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversation in large groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concert/movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place of worship/lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant/ café	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please provide the top three listening situations where you would like to hear better.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Please select your current lifestyle, and, if different, please identify you desired lifestyle.**

Active Lifestyle (Frequent Background Noise)

*Current*       *Desired*

Casual Lifestyle (Occasional Background Noise)

*Current*       *Desired*

Quiet Lifestyle (Limited Background Noise)

*Current*       *Desired*

Very Quiet Lifestyle (Rare Background Noise)

*Current*       *Desired*