LISTENING ASSESSMENT

1. What brought you to our office today? _____

_____

2. Please check the appropriate circles below that apply to your current hearing abilities in various environments.
Select one: ☐ with hearing aids ☐ without hearing aids

	HOW WELL DO YOU CURRENTLY HEAR IN THIS ENVIRONMENT?			HOW FREQUENTLY ARE YOU IN THIS LISTENING ENVIRONMENT?			WHICH 3 LISTENING ENVIRONMENTS DO YOU STRUGGLE IN THE MOST? (ONLY SELECT 3 SITUATIONS)
LISTENING ENVIRONMENTS	WELL	FAIR	POOR	OFTEN	SOMETIMES	RARELY	
One-to-One Conversations	☐	☐	☐	☐	☐	☐	☐
Quiet Room (1 to 2 people)	☐	☐	☐	☐	☐	☐	☐
Small Groups (4 to 6 people)	☐	☐	☐	☐	☐	☐	☐
Large Social Gatherings	☐	☐	☐	☐	☐	☐	☐
At the Work Place	☐	☐	☐	☐	☐	☐	☐
Watching Television	☐	☐	☐	☐	☐	☐	☐
During Religious Services	☐	☐	☐	☐	☐	☐	☐
Meetings / Lectures	☐	☐	☐	☐	☐	☐	☐
In the Car	☐	☐	☐	☐	☐	☐	☐
Outdoors	☐	☐	☐	☐	☐	☐	☐
On the Telephone	☐	☐	☐	☐	☐	☐	☐

3. What is your experience with hearing aids? (check all that apply)
- ☐ I have never used a hearing aid(s) or visited a Hearing Healthcare Professional to inquire about a hearing aid(s).
- ☐ I have been to another Hearing Healthcare Professional to gather information regarding my hearing difficulties, but have not tried or purchased.
- ☐ I have tried a hearing aid(s) but returned the instrument(s).
- ☐ I have a hearing aid(s) but only wear it occasionally or not at all.
- ☐ I have a hearing aid and wear it regularly on the ☐ right ear, ☐ left ear.

4. Please rank the following features (or qualities) in terms of their importance in a hearing aid.
(1 through 4, with 1 being the most important):

_____ Overall Sound Quality _____ Reliability _____ Style/Appearance _____ Cost

5. On a scale of 1-10, how motivated are you regarding doing something about your hearing loss?
(Please circle one)

1	2	3	4	5	6	7	8	9	10
NOT MOTIVATED		SOMEWHAT MOTIVATED		MOTIVATED		VERY MOTIVATED		EXTREMELY MOTIVATED	