

**HEARING QUESTIONNAIRE**  
 (please print and fill out completely)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**\*\* If you are currently wearing a hearing aid(s), we are interested in how well you hear with them. Please answer these questions as if you are wearing them.**

	Yes	No	not sure
Do you have a problem hearing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is it getting worse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Sometimes	none
Do you have difficulty hearing:			
When you're in a quiet setting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When in a restaurant or meeting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When someone is talking from a distance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>If you have a problem hearing, are people:</b>			
not loud enough?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not clear enough?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
talking too fast?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
surrounded by competing noise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Listening Strategies:</b>			
Do you ask people to repeat what they are saying?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you move closer to the person talking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you ask people to speak slower?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you avoid difficult to hear places such as noisy restaurants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>If you have a problem hearing and/or tinnitus, does it make you:</b>			
anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Isolated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
afraid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have tinnitus (head noise or ringing in your ears)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<b>Listening lifestyle:</b>			
How often are you working or socializing in a group?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often are you in competing noise trying to hear speech?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you have difficulty hearing your TV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Where do you want and need to hear well again?**  
 Meetings  Home  Work  Listening to TV  Listening to music  Socializing in a restaurant   
 Church  Other  (please specify) \_\_\_\_\_

	Yes	No	not sure
If you could benefit from a hearing aid, would you wear one?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please prioritize the _____ cost _____ appearance _____ function of a new hearing aid.			