

Name: _____

Date of birth: _____

Date: _____



Please list your top 3 listening environments you would like to improve, if any:

1. _____
2. _____
3. _____

Please circle how much difficulty you have hearing in the following situations:

One on one conversation

No difficulty Slight difficulty Quite a lot of difficulty Very much difficulty Not relevant

Conversations in groups

No difficulty Slight difficulty Quite a lot of difficulty Very much difficulty Not relevant

Concert/Movies

No difficulty Slight difficulty Quite a lot of difficulty Very much difficulty Not relevant

Places of worship/lecture

No difficulty Slight difficulty Quite a lot of difficulty Very much difficulty Not relevant

Watching television

No difficulty Slight difficulty Quite a lot of difficulty Very much difficulty Not relevant

In a car

No difficulty Slight difficulty Quite a lot of difficulty Very much difficulty Not relevant

Workplace

No difficulty Slight difficulty Quite a lot of difficulty Very much difficulty Not relevant

Telephone/cell phone

No difficulty Slight difficulty Quite a lot of difficulty Very much difficulty Not relevant

Restaurants

No difficulty Slight difficulty Quite a lot of difficulty Very much difficulty Not relevant