

Hearing Aid Evaluation Questionnaire

Patient Name _____

Date _____

Please answer the following questions to your best ability. Your answers will help us make the best recommendation for you and your hearing health.

Why did you pursue a hearing evaluation/hearing aid evaluation?

_____ You feel your hearing is at the point of possibly needing help.

_____ Others comment you should have your hearing checked.

_____ Not sure, you feel your hearing is adequate.

_____ My Physician, Audiologist, Nurse, or healthcare worker recommended it.

1. Do you misunderstand your speech partner when you talk to one person at a time?
Never _____ Seldom _____ Sometimes _____ Often _____ Always _____
2. Do you misunderstand your speech partners when you talk to more than one person at home?
Never _____ Seldom _____ Sometimes _____ Often _____ Always _____
3. Do you misunderstand the speaker when you are in a meeting and have good seating?
Never _____ Seldom _____ Sometimes _____ Often _____ Always _____
4. Do you misunderstand the news reporter on television/radio when you have the volume at a normal setting?
Never _____ Seldom _____ Sometimes _____ Often _____ Always _____
5. Do you have difficulty hearing at a religious service?
Never _____ Seldom _____ Sometimes _____ Often _____ Always _____
6. Do you turn your head in the wrong direction when somebody calls your name?
Never _____ Seldom _____ Sometimes _____ Often _____ Always _____
7. Do you avoid getting together with other people because you have difficulty following conversation?
Never _____ Seldom _____ Sometimes _____ Often _____ Always _____
8. Do you get the feeling that people have a difficult time conversing with you?
Never _____ Seldom _____ Sometimes _____ Often _____ Always _____
9. Do you feel that you are left out from things because of your hearing loss?
Never _____ Seldom _____ Sometimes _____ Often _____ Always _____
10. Do you avoid engaging in group conversations because you fear giving the wrong answer?
Never _____ Seldom _____ Sometimes _____ Often _____ Always _____
11. Does your hearing loss affect your self-esteem?
Never _____ Seldom _____ Sometimes _____ Often _____ Always _____

Where is it most important for you to hear well with hearing aids? Please rank the following with 1 representing the most important and the highest number representing the least important.

Conversation with 1 person	_____	Telephone	_____
In small groups (2 to 4 people)	_____	Restaurants	_____
Outdoors	_____	In large groups (5 or more)	_____
Movie/Theater	_____	Car	_____
Religious Services	_____	Workplace	_____
TV/Radio	_____	Other _____	_____