

## 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 _____	_____