

# Where Do You Experience Hearing Challenges?

## Intake Questionnaire

Thank you for visiting us today. To help us provide you with the best possible care, please take a few moments to complete the following questionnaire. Your responses will help make your hearing evaluation and fitting appointment more efficient, effective and successful.

### Instructions

- Please read the following statements.
- Beside each statement, mark the circle that **best** describes your experience in each situation.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Always	Sometimes	Never
1. I have to ask people to repeat themselves even when I am in a quiet conversation with one or two other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My family members complain that I need to turn the television volume louder than they do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When I talk on the telephone or cell phone, I miss some of what is being said.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. During a card game (or other game) around a table, I have difficulty hearing the conversation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When I am in a busy public place, such as a shopping center, I have difficulty communicating with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. In meetings, I have to strain to make sure I hear everything.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When I'm eating in a restaurant, I have to ask my dining companion to repeat things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I miss a lot of information during church and/or classroom lectures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. When I'm listening to music/concerts, I miss parts of the performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. If I'm in the car with others who are talking, I can't hear what they're saying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Circle the top 3 listening situations/environments in which you experience the most difficulty hearing and would like to experience an improvement. (If not outlined above, list below).

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Thank you.