

## Daily Hearing Diary

Sometimes you feel like something doesn't happen often, but if you look back after journaling consistently, you may notice it is happening more often than you think.

*Circle what day you are on:*

1   2   3   4   5   6   7   8   9   10

Was your day noisy or

- ☐ Noisy
- ☐ Quiet
- ☐ A little of both

What did you do today?

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Did you have any difficulties hearing or understanding today?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Were other people around? Did they have difficulties as well?

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Write down any other details you noticed about your day.

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***Thank you!***