

☐ I have a hearing device and use it regularly on the __right ear__ left ear.

☐ I have a hearing device, but don't use it, or use it only occasionally.

☐ I tried a hearing device but returned it for credit.

☐ I have inquired about hearing devices at another office(s), but did not purchase at that time.

☐ I have never used a hearing device.

__ Sound Quality/Clarity __Durability/Reliability __Cost __Appearance __Bluetooth Connectivity

4. On a scale from one to ten how much is your hearing loss impacting your daily routine? (Please circle one)

1	2	3	4	5	6	7	8	9	10
									Significantly
Not At All									

Listening Situation	How well do you hear in this situation?			How often are you in this situation?		
Quiet Room (1 to 2 people)	Poor	Fair	Good	Rarely	Sometimes	Often
Restaurants	Poor	Fair	Good	Rarely	Sometimes	Often
Car	Poor	Fair	Good	Rarely	Sometimes	Often
Television	Poor	Fair	Good	Rarely	Sometimes	Often
Church	Poor	Fair	Good	Rarely	Sometimes	Often
Meeting/ Lecture	Poor	Fair	Good	Rarely	Sometimes	Often
Work Place	Poor	Fair	Good	Rarely	Sometimes	Often
Telephone Call	Poor	Fair	Good	Rarely	Sometimes	Often
Large Social Gatherings	Poor	Fair	Good	Rarely	Sometimes	Often