Tri-City Audiology, LLC

HEARING ABILITIES QUESTIONNAIRE

Name: _____ Date: _____

1. What is your hearing aid experience?
   - o I have a hearing device and use it regularly in the_____right ear_____left ear.
   - o I have a hearing device, but I don't use it OR I have a hearing device, but I only use it occasionally.
   - o I tried a hearing device, but returned it for credit.
   - o I have inquired about hearing devices at another office, but did not purchase.
   - o I have never used a hearing device.

2. Please rank the following from 1 to 4 in terms of importance to you when purchasing a hearing device (1 = **MOST** important and 4 = **LEAST** important).
   ____Sound Quality and Clarity ____Durability/Reliability ____Cost ____Appearance

3. What motivated you to come in today? _____

4. On a scale of 1 to 10, where do you feel that you are (psychologically, emotionally, financially, etc.) regarding doing something about your hearing loss?

   1 2 3 4 5 6 7 8 9 10

   not motivated *very motivated*

5. Please check the box which corresponds to your ability to hear in the situations listed below and check how often you are in that situation.

Listening Situation	How do you hear in this situation?			How often are you in this situation?		
	poor	fair	good	rarely	sometimes	often
Quiet Room (1-2 people)	o	o	o	o	o	o
Television	o	o	o	o	o	o
Music	o	o	o	o	o	o
Restaurants	o	o	o	o	o	o
Church	o	o	o	o	o	o
Meetings / Lectures	o	o	o	o	o	o
Work Place	o	o	o	o	o	o
Telephone Conversation	o	o	o	o	o	o
Car	o	o	o	o	o	o
Meal Times (at home)	o	o	o	o	o	o
Groups (4-6 people)	o	o	o	o	o	o
City Street	o	o	o	o	o	o
Large Social Gatherings	o	o	o	o	o	o
Radio	o	o	o	o	o	o
Shopping	o	o	o	o	o	o