

# Personal Hearing Survey

At Can:Do Hearing, our goal is to maximise your ability to hear so that you can more easily communicate with others. In order to reach this goal, it is important that we understand your communication needs, your preferences and your expectations. By having better understanding of your needs, we can use our expertise to recommend the hearing aids that are the most appropriate for you.

Name:	Date:
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Please complete the following questions by circling the answer most relevant to you. Thank you.

1. What has prompted your appointment today? Please circle the appropriate answer.			
Hearing Concerns	Tinnitus	Communication partner's concerns	Other
If you selected Other, please provide more detail.			

2. How would you rate your hearing ability?				
Extremely poor	Slightly poor	Moderate	Good	Very good

3. How motivated are you to wear and use hearing aids?				
Not very motivated	Slightly motivated	Moderately motivated	Very motivated	Extremely motivated

4. How well do you think hearing aids will improve your hearing? I expect them to:				
Not be helpful at all	Slightly helpful	Moderately helpful	Very helpful	Extremely helpful

5. How strongly do you want to get hearing device/s?				
Don't want them	Slightly want them	Want moderately	Want them quite a lot	Want them very much

6. Overall, how much difficulty do you have hearing without hearing device/s?				
No difficulty	Slight difficulty	Moderate difficulty	Quite a lot of difficulty	Extremely difficult

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How satisfied are you with your ability to hear in the following situations? Please indicate your response by ticking the box most appropriate to you.

Listening situation	How important is this situation?			Indicate your current satisfaction level						Notes/Comments
				Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	N/A	
Quiet conversations	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TV	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Children's voices	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phone	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Car	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shopping	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Restaurants	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meetings	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Worship	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Music	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Events	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	