



Personal Hearing Survey

Name: _____

Date: _____

Our goal is to maximize 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 a better understanding of your needs, we can use our expertise to recommend the hearing aids that are most appropriate for you.

By working together we will find the best solution for you.

Please complete the following questions. Be as honest as possible. Be as precise as possible.
(please indicate with an X on the line) Thank you

1. On a scale of 1 - 10 (1 being worst - 10 being the best), how would you rate your hearing ability?

1	2	3	4	5	6	7	8	9	10	
Worst									Best	

2. How important is it for you to hear better?

1	2	3	4	5	6	7	8	9	10	
Not very important				Important				Very important		

3. How motivated are you to wear and use hearing aids?

1	2	3	4	5	6	7	8	9	10	
Not very motivated				Motivated				Very motivated		

4. How well do you think hearing aids will improve your hearing?
I expect them to:

1	2	3	4	5	6	7	8	9	10	
Not be helpful at all				Helpful				Greatly improve my hearing		

5. How confident do you feel that you will be successful in using hearing aids ?

1	2	3	4	5	6	7	8	9	10	
Not very confident				Confident				Very confident		

6. What is your most important consideration regarding hearing aids?
(rank order the following factors with 1 as the most important and 4 as the least important)

- Hearing aid size and discretion
- Improved ability to hear and understand speech
- Improved ability to understand speech in noisy environments
- Cost of the aids

Can:Do Hearing

Please rate how applicable these situations are to you: (please indicate with an X on the line)

7. You are actively working and need to communicate with many people throughout the day.

1	2	3	4	5	6	7	8	9	10
Rarely				Occasionally					Often

8. You spend time at loud activities like sporting events or concerts where you need to hear in the presence of a great deal of background noise.

1	2	3	4	5	6	7	8	9	10
Rarely				Occasionally					Often

9. You attend large parties or go to busy restaurants.

1	2	3	4	5	6	7	8	9	10
Rarely				Occasionally					Often

10. You go shopping or spend time in public places where being able to communicate is important.

1	2	3	4	5	6	7	8	9	10
Rarely				Occasionally					Often

11. You are involved in meetings/large gatherings where you need to be able to communicate.

1	2	3	4	5	6	7	8	9	10
Rarely				Occasionally					Often

12. You need to be able to communicate in small group settings.

1	2	3	4	5	6	7	8	9	10
Rarely				Occasionally					Often

13. You need to be able to hear in well on the phone / mobile.

1	2	3	4	5	6	7	8	9	10
Rarely				Occasionally					Often

14. You spend quite a bit of time involved in quiet home activities.

1	2	3	4	5	6	7	8	9	10
Rarely				Occasionally					Often

What are your listening goals: (*situations you would like to hear better in*)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |