

LISTENING & LIFESTYLE NEEDS

Please circle the response that best describes your listening & lifestyle needs.	Seldom	Occasionally	Often
1. I am actively working & need to communicate with many people throughout the day.	1	2	3
2. I spend time at sporting events or other loud activities where I need to hear in the presence of much background noise.	1	2	3
3. I attend large parties or go to busy restaurants where I need to communicate.	1	2	3
4. I go shopping or spend time in public places where being able to communicate is important.	1	2	3
5. I am involved in religious gatherings where I need to be able to hear.	1	2	3
6. I attend work or social meetings where I need to be able to communicate.	1	2	3
7. I need to be able to communicate in small group settings.	1	2	3
8. I have difficulty hearing in quiet situations.	1	2	3
9. I have difficulty hearing & understanding on the telephone.	1	2	3
10. I have difficulty hearing & understanding voices on the television.	1	2	3

Please list the top 3 situations where you would like most to hear better. Be as specific as possible:

1. _____
2. _____
3. _____

NAME: _____ **DATE:** _____