

NAME: _____

DATE: _____

LISTENING NEEDS & LIFESTYLE ASSESSMENT

What Is Most Important To You? Use a ranking scale of 1 to 5. By marking #1, it means that is most important, #5 is least important.

_____ Sound Quality & Clarity of Speech _____ Automatic/Self-Adjusting _____ Cost _____ Appearance _____ iPhone/iPad Connectivity

PLEASE CIRCLE THE RESPONSE WHICH BEST DESCRIBES YOUR SPECIFIC LISTENING CHALLENGES.

Situations:

	<u>SELDOM</u>	<u>OCCASIONAL</u>	<u>FREQUENT</u>
<u>1.</u> During a typical day, I cannot understand what people are saying.	<u>1</u>	<u>2</u>	<u>3</u>
<u>2.</u> Noisy restaurant dining and attending parties make it challenging to hear.	<u>1</u>	<u>2</u>	<u>3</u>
<u>3.</u> In public places and when shopping, understanding what others are saying is difficult and frustrating.	<u>1</u>	<u>2</u>	<u>3</u>
<u>4.</u> It is challenging to participate in discussions during social and work meetings.	<u>1</u>	<u>2</u>	<u>3</u>
<u>5.</u> In gatherings with friends and family, I have trouble following the conversation.	<u>1</u>	<u>2</u>	<u>3</u>
<u>6.</u> Conversation is hard to understand even when it is just one-on-one.	<u>1</u>	<u>2</u>	<u>3</u>
<u>7.</u> I always turn up the volume to understand TV/movie dialogue, and it is annoying.	<u>1</u>	<u>2</u>	<u>3</u>
<u>8.</u> Personal and/or work-related phone conversations are hard to understand.	<u>1</u>	<u>2</u>	<u>3</u>

Goals for Improved Hearing:

1.

2.

3.