

Patient Name: _____ Date _____

Instruction: The purpose of this form is to identify the problems a hearing loss may be causing you. If you have a hearing aid, please fill out the form according to how you communicate when the hearing aids are in use. One of the five descriptions below should be assigned to each of the statements below.

1: Almost never **2:** Occasionally (1/4 of the time) **3:** 1/2 of the time **4:** Frequently (3/4 of the time) **5:** Practically always

Select a number from 1 to 5 next to each statement (please do not answer with a yes or no; pick only one number per question).

1. Do you experience communication difficulties in situations when speaking with one other person? (at home, work, in a social situation, with a waitress, store clerk, spouse, boss)	1	2	3	4	5
2. Do you experience communication difficulties while watching TV and in various types of entertainment? (movies, radio, plays, night clubs, musical instruments)	1	2	3	4	5
3. Do you experience communication difficulties in situations when conversing with a small group of several persons? (with friends, families, co-workers, in meetings or casual conversations, over dinner or while playing cards)	1	2	3	4	5
4. Do you experience communication difficulties when you are in an unfavorable listening environments? (at a noisy party, where there is background music, when riding in an auto or bus, when someone whispers or talks from across the room)	1	2	3	4	5
5. How often do you experience communication difficulties in the situation where you most want to hear better? Situation _____	1	2	3	4	5
6. Do you feel that difficulty with hearing negatively affects/hampers your personal or social life?	1	2	3	4	5
7. Do you feel that any problem or difficulty with your hearing worries, annoys or upsets you?	1	2	3	4	5
8. Do you or others seem to be concerned or annoyed that you have a hearing problem?	1	2	3	4	5
9. How often does hearing loss negatively affect your enjoyment of life?	1	2	3	4	5

10. If you are using a hearing aid: On an average day, how many hours did you use the hearing aids? _____ hrs/16 = _____ %

Please circle what you feel is your overall satisfaction with the hearing aid(s).

Not satisfied (0%) Slightly satisfied (25%) Moderately satisfied (50%) Mostly satisfied (75%) Very satisfied (100%)

FOR OFFICE USE ONLY

Pre-Assessment Post-Assessment Not Currently using a Hearing Aid(s) Current Hearing Aid User

Score: (Q1-9) _____ /9 _____ -1 _____ x25= _____ %

Score (Q1-5)/5= _____ (Q6-8)/3= _____ Q9= _____ -1x25 = _____ D= _____ % H= _____ % Q= _____ %