HEARING ABILITIES QUESTIONNAIRE

1. What is your hearing aid experience?
   - □ I have a hearing device and use it regularly on the___right ear___left ear.
   - □ I have a hearing device, but don't use it, or use it only occasionally.
   - □ I tried a hearing device, but returned it for credit.
   - □ I have inquired about hearing devices at another office(s), but did not purchase at that time.
   - □ I have never used a hearing device.

2. Please rank the following from 1 to 4 in terms of their importance to you when purchasing a hearing device. (1 = Most Important and 4 = Least Important)

   _____ Sound Quality & Clarity _____ Durability/Reliability _____ Cost _____ Appearance

3. What motivated you to come in today?

   _____

4. On a scale of 1-10, where do you feel that you are (psychologically, emotionally, financially, etc.) regarding doing something about your hearing loss? (Please circle one)

   1 (not motivated) 2 3 4 5 6 7 8 9 10 (very motivated)

5. Please check the box which corresponds to your ability to hear in the situaitons listed and check how often you are in that situation.

Listening situation	**How well do you hear in this situaiton?**			**How often are you in this situation?**		
	poor	**fair**	**good**	**rarely**	**sometimes**	**often**
Quiet Room (1 to 2 people)	□	□	□	□	□	□
Television	□	□	□	□	□	□
Music	□	□	□	□	□	□
Restaurants	□	□	□	□	□	□
Church	□	□	□	□	□	□
Meetings/Lectures	□	□	□	□	□	□
Work Place	□	□	□	□	□	□
Telephone Conversation	□	□	□	□	□	□
Car	□	□	□	□	□	□
Meal Times (at home)	□	□	□	□	□	□
Groups (4 to 6 people)	□	□	□	□	□	□
City Street	□	□	□	□	□	□
Large Social Gathering	□	□	□	□	□	□
Radio	□	□	□	□	□	□
Shopping	□	□	□	□	□	□