

Personalized Hearing Health Assessment



Please complete this brief assessment to help us properly assess your hearing needs and determine the potential lifestyle benefits of amplification.

Name: _____

Part A:

How important is hearing in the following settings or situations?

| | Very Important | Important | Somewhat Important | Not Important |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. At home/with spouse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. With friends/family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. At your place of worship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. At work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. At restaurants/eating areas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. At concerts/movies/lectures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. At club/social meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In a car/traveling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leisure activities: | | | | |
| 9. By self | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. With others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part B:

Of those settings or situations listed above, which THREE are most important to you?

Please indicate by using the numbers listed to the left of each situation/setting.

Most important situation _____

Second most important situation _____

Third most important situation _____