

Hearing Health Questionnaire

Today's Date _____

Patient Name _____ Patient DOB _____

Rate your ability to hear in these different listening situations:

- 1 = maximum difficulty hearing
- 2 = a good deal of difficulty hearing
- 3 = some difficulty hearing
- 4 = at times you have difficulty hearing
- 5 = no difficulty hearing at all

Listening Situations	Hearing Quality (1) Poor - (5) Normal	Importance to You		
		Not	Somewhat	Very
How well do you hear...				
In Quiet (one-on-one conversation)	1 2 3 4 5	1	2	3
Television	1 2 3 4 5	1	2	3
During Leisure Activities	1 2 3 4 5	1	2	3
At Restaurants	1 2 3 4 5	1	2	3
At Church/Worship	1 2 3 4 5	1	2	3
During Meetings/Groups	1 2 3 4 5	1	2	3
At Your Workplace (if applicable)	1 2 3 4 5	1	2	3
On Your Telephone	1 2 3 4 5	1	2	3
In Your Car	1 2 3 4 5	1	2	3
Male Voices	1 2 3 4 5	1	2	3
Female Voices	1 2 3 4 5	1	2	3
Child's Voices	1 2 3 4 5	1	2	3
Other (please indicate) _____	1 2 3 4 5	1	2	3

Comments _____

