



Personal Hearing Assessment

Name: _____ Date _____

Please circle the response which best describes your listening and lifestyle needs.

	Seldom	Sometimes	Often
I am actively working and need to communicate in all environments.	1	2	3
I have difficulty hearing one on one conversations	1	2	3
I spend much of my time with my family in moderate noise levels	1	2	3
I have difficulty hearing the T.V.	1	2	3
I often misunderstand conversations on the telephone	1	2	3
I attend large parties or go to busy restaurants	1	2	3
I am involved in social events and meetings where communication is important.	1	2	3
I travel, go shopping and am in public places where being able to communicate is important.	1	2	3
I can't hear well in restaurants at various noise levels.	1	2	3
I spend most of my time in quiet home activities.	3	2	1
I would like to have better hearing for safety when driving, at home, etc	1	2	3

Total Score: _____

Scoring Key & Totals

Total Score: _____

Add all the scores for the questions to determine which product type best suits the patient's lifestyle needs.

25-33 Points: Very Active User
Recommendation: Best Technology

18-24 Points: Active User
Recommendation: Advanced

11-17 Points: Basic User
Recommendation: Basic