

# Preparing for your visit

To get the most out of your consultation, please think about how your hearing have changed and affects your life. Take a moment to complete these questions and bring your answers with you to your appointment. You might want to discuss the questions with someone close to you.

1. Tell us about what brought you in here today?

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To what extent do you agree/disagree with the following statements.

	Agree		Neutral		Disagree	
	1	2	3	4	5	
2. I find that people mumble a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. I have difficulties hearing the television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. I have difficulties hearing on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. I find it difficult to determine where sounds are coming from	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. It is difficult for me to hear soft speech, like whispers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. I find it difficult to hear speech in places such as restaurants and parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. I feel like I have to concentrate a lot when more than one person is speaking to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Agree Neutral Disagree

1 2 3 4 5

9. I tend to withdraw from social situations because it is difficult to follow conversations
10. I feel tired and/or mentally exhausted at the end of days that involve a lot of conversing
11. I have a hard time remembering what was said in conversations
12. I believe a hearing aid can change my quality of life
13. Please write down any questions you have about your hearing

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14. Other comments

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15. Would your spouse, family member or friend like to make any comments?

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