



Patient Name:

(Last)(First)

Date:

Please select the response which best describes your listening and lifestyle needs:

Determining listening and life style needs

Rarely
Occasionally
Frequently

1. You are actively working and need to communicate with many people throughout the day.	1	2	3
2. You spend time at loud activities like sporting events or concerts where you need to hear in the presence of a great deal of background noise.	1	2	3
3. You attend large parties or go to busy restaurants.	1	2	3
4. You go shopping or spend time in public places where being able to communicate is important.	1	2	3
5. You attend social gatherings such as large meetings, religious events, theater, bingo, etc.	1	2	3
6. You attend work or social meetings where you need to be able to communicate.	1	2	3
7. You need to hear in quiet restaurants.	1	2	3
8. You need to be able to communicate in small group settings.	1	2	3
9. You need to be able to hear in one-on-one settings.	1	2	3
10. You spend quite a bit of time involved in quiet home activities.	1	2	3

Add all scores for the questions together to start determining your lifestyle needs.

+ + =

Please provide the top three listening situations where you would like to hear better.

1. 2. 3.

Scoring Key

**10-16
QUIET**

**17-23
MODERATE**

**24-30
CHALLENGING**

What factors are important to you?

- ☐ Cosmetics
- ☐ Price
- ☐ Function of the hearing aid
- ☐ Handling/dexterity
- ☐ Ease of use/automatic

What type of phone(s) are you using regularly?

- ☐ Desk/wall (corded/cordless)
- ☐ Mobile (iPhone/Samsung) other
- ☐ Speaker or handset