



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Our goal is to help **you** communicate more easily with others. In order to reach this goal, it is important that we understand your communication needs, your personal preferences, and your expectations. This helps us use our expertise to recommend hearing devices that are most appropriate for **you**. By working together, we will find the best solution for **you**.

1) Please check the circles below that best describes your current hearing abilities in the various Listening Environments: (*Is this with\_\_ or without\_\_ hearing aids?*)

<u>Listening Environments</u>	How well do you communicate in this environment?			How frequently are you in this listening environment?		
	<u>Well</u>	<u>Fair</u>	<u>Poor</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>
<b>One-on-one conversation</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Quiet room, 1-2 people</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Small groups, 4-6 people</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Large social gatherings</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>At the work place</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Watching television</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>During religious services</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>In the car</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Outdoors</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>On the phone</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 2) What is your experience with hearing instruments? (*Please check one*)
- I have never used any nor visited a hearing professional to inquire about them
  - I have been to a hearing professional to gather information about my hearing difficulties, but have not tried or purchased any.
  - I have tried hearing instruments, but did not keep them.
  - I own hearing aids, but only use them occasionally
  - I wear a hearing aid all the time in the Right\_\_\_ Left\_\_\_ ear.

3) What is most important to you about hearing devices? Rank the order of the following four factors with **1** as the most important and **4** as the least important.

Style/appearance\_\_\_ Reliability/ruggedness\_\_\_ Cost\_\_\_ Overall sound quality\_\_\_

4) On a scale of 1-10, how motivated are you regarding doing something about your hearing difficulties? (*please circle one*)

1      2      3      4      5      6      7      8      9      10  
 Not motivated      Somewhat motivated      Very motivated      Extremely motivated

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