

Hearing Health Assessment

Current Hearing Technology Users



Sound Void® - noun 1. A moment of loss of clarity or understanding.

Current hearing technology

Brand and model of your hearing technology _____

Style of technology Behind-the-Ear In-the-Ear (describe) _____

Do you wear technology in both ears? Yes No

How many years ago did you purchase your technology? 1-3 3-5 5+

My current hearing technology...

	Yes	No
Feels comfortable	<input type="checkbox"/>	<input type="checkbox"/>
Emits feedback or whistling noises	<input type="checkbox"/>	<input type="checkbox"/>
Provides hearing confidence on a day-to-day basis	<input type="checkbox"/>	<input type="checkbox"/>
Is cosmetically appealing	<input type="checkbox"/>	<input type="checkbox"/>

My current hearing technology performance is satisfactory...

	Frequently	Sometimes	Rarely		Frequently	Sometimes	Rarely
While in background noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	While watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In group conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In conversations with spouse or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a conference room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In conversations with women or children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
While listening to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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

- _____
- _____
- _____

Please select your current lifestyle, and, if different, please identify your desired lifestyle :

Active Lifestyle (Frequent Background Noise)

Current Desired

Casual Lifestyle (Occasional Background Noise)

Current Desired

Quiet Lifestyle (Limited Background Noise)

Current Desired

Very Quiet Lifestyle (Rare Background Noise)

Current Desired

Notes _____

