ACROAUDIOLOGY
HEARING CARE CENTER

Your Name ______________________________ Today's Date ______________

1. What brought you to our office today? ______________________________

2. Please check the box below that best applies to your current hearing abilities in various environments.
Select one: ☐ with hearing aids ☐ without hearing aids

Listening Environments	*How well do you currently hear in this environment?*			*How frequently are you in this listening environment?*		
	WELL	FAIR	POOR	OFTEN	SOMETIMES	RARELY
One-to-One Conversations	☐	☐	☐	☐	☐	☐
Small Groups (4-6 people)	☐	☐	☐	☐	☐	☐
Large Social Gatherings	☐	☐	☐	☐	☐	☐
In the Workplace	☐	☐	☐	☐	☐	☐
Watching Television	☐	☐	☐	☐	☐	☐
During Religious Services	☐	☐	☐	☐	☐	☐
Meetings / Lectures	☐	☐	☐	☐	☐	☐
In the Car	☐	☐	☐	☐	☐	☐
Outdoors	☐	☐	☐	☐	☐	☐
On the Telephone	☐	☐	☐	☐	☐	☐

What is your experience with hearing aids? (check all that apply)

- ☐ I have never used or visited a Hearing Health Care Professional to inquire about a hearing aid(s).
- ☐ I have been to another Hearing Health Care Professional to gather information regarding my hearing difficulties, but have not tried or purchased a hearing aid(s).
- ☐ I have tried a hearing aid(s) but returned the instrument(s).
- ☐ I have a hearing aid(s) but only wear it occasionally or not at all.
- ☐ I am a hearing aid wearer and use it regularly on the ☐ right ear, ☐ left ear, ☐ both ears.

4. Please rank the following in terms of the importance in a hearing aid. (1 through 4, with 1 being the most important)

_______ Overall Sound Quality _______ Reliability _______ Style/Appearance _______ Cost

5. On a scale of 1-10, how motivated are you regarding doing something about your hearing loss? (Please circle one)

1	2	3	4	5	6	7	8	9	10

Not Motivated — Somewhat Motivated — Motivated — Very Motivated — Extremely Motivated