

# HEARING DIFFICULTY QUESTIONNAIRE

## To be completed by the Patient

Indicate your ability to hear (hearing quality) in the following listening situations and rate the importance of that listening situation to you. Circle the appropriate number in columns two and three.

Listening Situation	Hearing Quality					Importance to You		
	Poor				Excellent	Not	Somewhat	Very
Quiet (one on one conversation)	1	2	3	4	5	1	2	3
Television	1	2	3	4	5	1	2	3
Restaurants	1	2	3	4	5	1	2	3
Religious Services/Large Gatherings	1	2	3	4	5	1	2	3
Meetings/Groups	1	2	3	4	5	1	2	3
Workplace	1	2	3	4	5	1	2	3
Telephone	1	2	3	4	5	1	2	3
Car	1	2	3	4	5	1	2	3
Male Voice	1	2	3	4	5	1	2	3
Female Voice	1	2	3	4	5	1	2	3
Children's Voice	1	2	3	4	5	1	2	3
Other Please explain below	1	2	3	4	5	1	2	3

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