



www.shirehearingcentres.com.au

Where do you Experience Hearing Challenges?

Use this questionnaire to help you identify any hearing concerns.

Name: _____ Phone: _____ Date: _____

INSTRUCTIONS: Please read the following statements. Beside each statement, mark the box that best describes your experience in each situation.	Always	Sometimes	Never
1. I have to ask people to repeat themselves even when I am in a quiet conversation with one or two people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. My family members complain that I need to turn the television up louder than they do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When I talk on the telephone or mobile phone, I miss some of what is being said.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. During a card game (or other game) around a table, I have difficulty hearing the conversation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When I am in a busy public place, such as a shopping centre, I have difficulty communicating with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In a meeting, I have to strain to make sure I hear everything that is being said.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When I'm eating in a restaurant, I have to ask my dining companion to repeat things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I miss a lot of information during church and/or other classroom lectures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. When I'm listening to music / concerts, I miss parts of the performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If I'm in a car with others talking, I can't hear what they are saying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note the top 3 listening situations/environments in which you experience the most difficulty hearing and would like to experience an improvement. (If not outlined above, list below).

*If you have marked "ALWAYS" 3 or more times please contact our office for an appointment call **Cronulla:** 9544 4466 **Engadine:** 9520 4774 (Save and bring this form to your appointment)