

Hearing Needs Assessment

Please check all that are appropriate for the last month:

1. Where do you have a hard time hearing/understanding?

Television Telephone Church Theatre Groups Work Volunteer Activity

2. What type of voice is talking when you have difficulty?

Male voice Female voice Child's voice

3. What type of environment are you in when you have difficulty?

Noisy restaurant/party People talking Fans, air conditioning Car noise

Other noise _____ Outside Large room

4. How frequent are you in situations that you have trouble hearing?

Daily Weekly Monthly Occasionally Rarely