

Let's Get To Know You

Hearing Aid History



Please Print

Hearing Aid History

Do you still wear a hearing aid? Yes No Type _____ Ear fitted: Both Left Right
If yes, and you could improve something about your current hearing aids, what would that be? _____

What do (did) you like most about your hearing aid?

What do (did) you like least about your hearing aid?

If you are no longer wearing your hearing aid, why did you stop wearing it?

Do you know anyone who wears hearing aids? Yes No If yes, who? _____

Hearing Lifestyle Needs

Which of the following activities are difficult due to your hearing loss?

- Watching TV
- Hearing on the Phone
- Listening to Music
- Hearing in Restaurants
- Hearing speech when speech is background noise
- Hearing at Plays/Concerts
- Hearing in Meetings
- Hearing during Worship Services

Please describe the impact your hearing loss has on participating in these activities.

Do you own a smart phone? Yes No

Please check model: iPhone® Android™

Do you have a primary caregiver? Yes No If yes, who? _____