

Patient Questionnaire

PRE-FITTING

Instructions: Please circle the answers that come closest to your everyday experience. Notice that each choice includes a percentage. You can use this to help you decide on your answer. For example, if a statement is true about 75% of the time, circle "C" for that item. If you have not experienced the situation we describe, try to think of a similar situation that you have been in and respond for that situation. If you have no idea, leave the item blank.

	A. Always (99%)B. Almost Always (87%)C. Generally (75%)D. Half of the Time (50%)		E. F. G.	Selo	Occasionally (25%) Seldom (12%) Never (1%)				
1.	When I am in a crowded store talking to the cashier, I have trouble following the conversation.	Α	В	С	D	Ε	F	G	
2.	Unexpected sounds, like a smoke detector or alarm bell are uncomfortable.	Α	В	С	D	E	F	G	
3.	I have difficulty hearing a conversation when I'm with one of my family members at home.	Α	В	С	D	Е	F	G	
4.	When I am traveling in the car and family members are talking, I have trouble hearing them.	Α	В	С	D	E	F	G	
5.	When I am at the dinner table with several people and trying to have a conversation with one person, understanding speech is difficult.	Α	В	С	D	E	F	G	
6.	When I am talking with someone across a large empty room, I have difficulty understanding the words.	Α	В	С	D	E	F	G	
7.	I have difficulty understanding people on the phone.	Α	В	С	D	Ε	F	G	
8.	When I am in a quiet conversation with my doctor in an examination room, it is hard to follow the conversation.	Α	В	С	D	Е	F	G	
9.	It's hard for me to understand what is being said at lectures or church services.	Α	В	С	D	Е	F	G	
10.	When I am in a restaurant, I have difficulty understanding conversation.	Α	В	С	D	E	F	G	
	Patient Name:				Date:				