## Patient Questionnaire <br> 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\%)
E. Occasionally (25\%)
B. Almost Always (87\%)
F. Seldom (12\%)
C. Generally (75\%)
G. Never (1\%)
D. Half of the Time (50\%)

1. When I am in a crowded store talking to the cashier, I have trouble following the conversation.
2. Unexpected sounds, like a smoke detector or alarm bell are uncomfortable.
3. I have difficulty hearing a conversation when I'm with one of my family members at home.
4. When I am traveling in the car and family members are talking, I have trouble hearing them.
5. When I am at the dinner table with several people and trying to have a conversation with one person, understanding speech is difficult.
6. When I am talking with someone across a large empty room, I have difficulty understanding the words.
7. I have difficulty understanding people on the phone.
8. When I am in a quiet conversation with my doctor in an examination room, it is hard to follow the conversation.
9. It's hard for me to understand what is being said at lectures or church services.
10. When I am in a restaurant, I have difficulty understanding conversation.

| A | B | C | D | E | F | G |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| A | B | C | D | E | F | G |
| A | B | C | D | E | F | G |
| A | B | C | D | E | F | G |
| A | B | C | D | E | F | G |
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| A | B | C | D | E | F | G |

$\qquad$ Date: $\qquad$
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