

## HEARING SATISFACTION QUESTIONNAIRE

On a scale of 1 to 10 (1 being worst and 10 being best),  
how would you rate your overall hearing ability?

1 2 3 4 5 6 7 8 9 10

**How satisfied are you with your ability to hear in the following situations?**

INDICATE YOUR CURRENT SATISFACTION LEVEL

Listening situation	How important is this situation?	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
Quiet conversations	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NOTES/COMMENTS:					
TV	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NOTES/COMMENTS:					
Children's voices	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NOTES/COMMENTS:					
Phone	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NOTES/COMMENTS:					
Games (e.g. cards)	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NOTES/COMMENTS:					
Activities (e.g. walking)	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NOTES/COMMENTS:					
Car	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NOTES/COMMENTS:					
Shopping	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NOTES/COMMENTS:					
Restaurants	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NOTES/COMMENTS:					
Meetings	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NOTES/COMMENTS:					
Worship	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NOTES/COMMENTS:					
Music	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NOTES/COMMENTS:					
Entertainment	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NOTES/COMMENTS:					
Social events	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NOTES/COMMENTS:					