Patient Name: _____ Date: _____ Patient #: _____
Office Use

**Hearing Survey**

Please circle the answers that come closest to your everyday experience. If you wear hearing aids, please answer the way you hear WITH them. For example, if you strongly agree with a statement, circle 'A" for that item.

**Do you wear hearing aids?** ☐ **Yes** ☐ **No**

**I can hear clearly when…**

| | Strongly Agree | | | | | | | Strongly Disagree |
|---|---|---|---|---|---|---|---|---|
| Talking to one other person in a quiet room. | A | B | C | D | E | F | G | N/A |
| Talking to one other person in a noisy room. | A | B | C | D | E | F | G | N/A |
| Talking to a small group in a quiet room. | A | B | C | D | E | F | G | N/A |
| Talking to a small group in a noisy room. | A | B | C | D | E | F | G | N/A |
| Talking to one other person in a car. | A | B | C | D | E | F | G | N/A |
| Talking on the telephone. | A | B | C | D | E | F | G | N/A |
| At a meeting or in a religious service. | A | B | C | D | E | F | G | N/A |
| In a busy restaurant. | A | B | C | D | E | F | G | N/A |
| Watching TV. | A | B | C | D | E | F | G | N/A |
| My hearing difficulty reduces my quality of life. | A | B | C | D | E | F | G | N/A |

Adapted from HAFUS by J. Tecca