

Wake Audiology & Hearing Aid Associates

Communication Profile - Patient

Name _____

Date _____

1. Do you hear well on the telephone?Yes No
a. Which ear do you use?Right Left
2. Do you have difficulty understanding speech when there is background noise?.....Yes No
3. Do you often ask people to repeat even if there is no background noise?Yes No
4. Do you have to turn the television up louder than normal to hear clearly?.....Yes No
5. Have you ever avoided a situation because of your hearing problem?Yes No
6. Do you have difficulty understanding conversations in the car?Yes No
7. Do you have difficulty understanding children or grandchildren?Yes No
8. Does your hearing problem cause you to feel embarrassed when talking to people?.....Yes No
9. Does a hearing problem cause you to have arguments with family members?Yes No
10. Name one or two people or situations which give you the most difficulty:

11. If hearing aids are recommended for you, which would be **most** important to you:

_____ Improved Hearing _____ Cosmetic Appearance _____ Expense

Skip the next section if you have never worn hearing aids.

While I'm wearing hearing aids:

1. I need more volume than my hearing aids will provideYes No
2. It's hard for me to hear or understand what is being said at church or lecturesYes No
3. In a busy restaurant or party I have difficulty understanding speechYes No
4. I don't understand other passengers in the carYes No
5. I sometimes feel left out of conversationsYes No