

TEST YOUR HEARING

Do you suspect that you or someone you know may have a hearing loss? The following questions have been designed to help you evaluate your hearing. If you answer YES or SOMETIMES to one or more of the questions, you should consider consulting a hearing health care professional to determine whether you have a hearing loss and how best to treat it. Remember, not all hearing issues are an indication of a hearing loss. Other medically treatable conditions can affect hearing, and it is important that these conditions be identified and treated before a hearing instrument is purchased.

Check each answer below, then discuss these issues with your hearing care professional:

- | | | | |
|---|---------------------------------|--------------------------------|---------------------------------------|
| Do you have a hard time hearing normal conversation in noisy environments, such as restaurants or parties? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | SOMETIMES
<input type="checkbox"/> |
| Do you have difficulty hearing or understanding speakers during events such as church services or large meetings? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | SOMETIMES
<input type="checkbox"/> |
| Do you have difficulty determining where sounds are coming from? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | SOMETIMES
<input type="checkbox"/> |
| Do you turn up the television/radio to a point where others complain? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | SOMETIMES
<input type="checkbox"/> |
| Do you feel tired or stressed from trying to hear? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | SOMETIMES
<input type="checkbox"/> |
| Do people often seem to be "mumbling?" | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | SOMETIMES
<input type="checkbox"/> |
| Do you have difficulty hearing and understanding on the phone? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | SOMETIMES
<input type="checkbox"/> |
| Do you frequently ask others to repeat themselves? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | SOMETIMES
<input type="checkbox"/> |
| Do you have ringing in one or both ears? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | SOMETIMES
<input type="checkbox"/> |
| Are you exposed to work-related or recreational noise, e.g., factory, construction sites, airports, musical band, firing weapons, target practice or other noisy sources? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | SOMETIMES
<input type="checkbox"/> |
| Do you get frustrated easily with unfamiliar, soft or quiet voices? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | SOMETIMES
<input type="checkbox"/> |
| Do you ever "pretend" you understood by nodding in agreement, even though you weren't sure what was said? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | SOMETIMES
<input type="checkbox"/> |
| Do you hear better out of one ear than the other? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | SOMETIMES
<input type="checkbox"/> |
| Do you miss essential sounds like door bells, alarm clocks, smoke alarms, sirens or horns? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | SOMETIMES
<input type="checkbox"/> |