Communication Abilities

Mt. Harrison Audiology and Hearing Aids LLC

_____ Date: _____

How much difficulty do you have hearing in the following situations?

	No difficulty	Slight Difficulty	Moderate difficulty	Quite a lot of difficulty	Very much difficulty	Not relevant
One to one conversation	☐	☐	☐	☐	☐	☐
Conversation in small groups	☐	☐	☐	☐	☐	☐
Conversation in large groups	☐	☐	☐	☐	☐	☐
Outdoors	☐	☐	☐	☐	☐	☐
Concert/Movie	☐	☐	☐	☐	☐	☐
Place of worship/lectures	☐	☐	☐	☐	☐	☐
Watching TV	☐	☐	☐	☐	☐	☐
In a car	☐	☐	☐	☐	☐	☐
Workplace	☐	☐	☐	☐	☐	☐
Telephone	☐	☐	☐	☐	☐	☐
- Landline	☐	☐	☐	☐	☐	☐
- Mobile	☐	☐	☐	☐	☐	☐
Restaurant/café	☐	☐	☐	☐	☐	☐
Other (Specify)	☐	☐	☐	☐	☐	☐