

If yes, please describe. _____

Please tell us anything else you would like us to know about your ears or hearing? _____

II. SELF-ASSESSMENT OF LISTENING DIFFICULTIES (Schow & Nerbonne, 1982)

Do you experience the following hearing difficulties?

1. When speaking with one other person? YES NO SOMETIMES
(e.g., at home, at work, with a spouse)
2. When talking with a small group of several persons? YES NO SOMETIMES
(e.g., meetings)
3. While listening to someone speak in large groups? YES NO SOMETIMES
(e.g., church, lectures)
4. When you are in unfavorable listening environments? YES NO SOMETIMES
(e.g., at a noisy party, riding in a car, from a distance)
5. When talking on the telephone? YES NO SOMETIMES
6. When listening to television? YES NO SOMETIMES
7. Do others suggest that you have a hearing problem? YES NO SOMETIMES