

Lifestyle Questionnaire

By filling out this questionnaire, you will help us to provide the right advice for your individual lifestyle needs.

Please complete it at home and bring it with you to your first appointment. We will discuss your needs and how you can get the most out of your hearing aids.

1. Your name

2. If you already have hearing aids, how many hours a day do you use them? hours

3. Your lifestyle

Tick the box that best describes how often you do the following activities. If you participate in three or more of these activities regularly, you may benefit from hearing aids with additional features.

ACTIVITY	SEVERAL TIMES PER WEEK	ONCE PER WEEK	ONCE OR TWICE PER MONTH	LESS THAN ONCE PER MONTH
Watching television at home				
Talking on the phone with family and friends				
Eating in restaurants or cafes				
Going to the movies, theatre or concerts				
Socialising at a club				
Socialising at home in a small group				
Playing bowls				
Playing golf				
Playing other sports				

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ACTIVITY	SEVERAL TIMES PER WEEK	ONCE PER WEEK	ONCE OR TWICE PER MONTH	LESS THAN ONCE PER MONTH
Attending meetings				
Attending classes, lectures or study groups				
Attending church				
Playing bingo				
Other..... <i>(Please write in activity)</i>				

4. What's important to you?

Tick the box that best describes how important each of the following activities and features are to you.

ACTIVITY	VERY IMPORTANT	IMPORTANT	NOT AS IMPORTANT
One-on-one conversations			
Listening to the television or radio			
Outdoor activities or sports			
Listening to music or concerts			
Meetings			
Communicating in the car			
Communicating in a noisy environment			
Church			
Socialising in restaurants			
How the aid looks: small and discreet			
Volume is adjusted automatically			
Other..... <i>(Please write in activity)</i>			

(This table has been adapted from Siemens: Client Listening Needs)