KIENHOLZ
est. 1986
Hearing Centers

Hearing Questionnaire

Name: _____
Date: _____

Listening Situation	Hearing Quality (Normal → Poor)					Importance to You		
						Not	Somewhat	Very
Television	1	2	3	4	5	1	2	3
Restaurants	1	2	3	4	5	1	2	3
Meetings & Groups	1	2	3	4	5	1	2	3
Telephone	1	2	3	4	5	1	2	3
Car	1	2	3	4	5	1	2	3
Female & Children's Voices	1	2	3	4	5	1	2	3