COMMUNICATION LIFESTYLE EVALUATION FORM

Please select the response which best describes your listening and lifestyle needs.

	Seldom	Occasionally	Often
I work and need to communicate with many people throughout the day.	⬭	⬭	⬭
I spend time at loud activities like sporting events or concerts where I need to hear in the presence of a great deal of background noise.	⬭	⬭	⬭
I attend large parties or go to busy restaurants	⬭	⬭	⬭
I go shopping or spend time in public places where being able to communicate is important.	⬭	⬭	⬭
I am involved in religious gatherings where I need to be able to hear.	⬭	⬭	⬭
I attend work or social meetings where I need to be able to communicate.	⬭	⬭	⬭
I need to hear in quiet restaurants.	⬭	⬭	⬭
I need to be able to communicate in small group settings.	⬭	⬭	⬭
I need to be able to hear in one-on-one settings.	⬭	⬭	⬭
I spend quite a bit of time involved in quiet home activities.	⬭	⬭	⬭