

Check YES or NO to each item for yourself or for a friend:

1. Do you experience ringing or noises in your ears?	<input type="radio"/>	YES	<input type="radio"/>	NO
2. Do you hear better with one ear than the other?	<input type="radio"/>	YES	<input type="radio"/>	NO
3. Have any of your relatives had a hearing loss?	<input type="radio"/>	YES	<input type="radio"/>	NO
4. Have you had significant noise exposure at work, recreation or in military service?	<input type="radio"/>	YES	<input type="radio"/>	NO
5. Do you find it difficult to follow a conversation in a noisy restaurant or crowded room?	<input type="radio"/>	YES	<input type="radio"/>	NO
6. Do you sometimes feel people are mumbling or not speaking clearly?	<input type="radio"/>	YES	<input type="radio"/>	NO
7. Do you experience difficulty following dialog in theatre?	<input type="radio"/>	YES	<input type="radio"/>	NO
8. Do you sometimes find it difficult to understand a speaker at a public meeting or religious service?	<input type="radio"/>	YES	<input type="radio"/>	NO
9. Do you sometimes find yourself asking people to speak up or to repeat themselves?	<input type="radio"/>	YES	<input type="radio"/>	NO
10. Do you find men's voices easier to understand than women's?	<input type="radio"/>	YES	<input type="radio"/>	NO
11. Do you experience difficulty understanding soft or whispered speech?	<input type="radio"/>	YES	<input type="radio"/>	NO
12. Do you sometimes have difficulty understanding speech or words on the telephone?	<input type="radio"/>	YES	<input type="radio"/>	NO
13. Does a hearing problem cause you to feel embarrassed when meeting new people?	<input type="radio"/>	YES	<input type="radio"/>	NO
14. Does a hearing problem cause you to be nervous?	<input type="radio"/>	YES	<input type="radio"/>	NO
15. Does a hearing problem cause you to visit friends, relatives or neighbors less often than you like?	<input type="radio"/>	YES	<input type="radio"/>	NO
16. Does a hearing problem cause you to talk to family members less often than you would like?	<input type="radio"/>	YES	<input type="radio"/>	NO
17. Does a hearing problem cause you to feel depressed?	<input type="radio"/>	YES	<input type="radio"/>	NO
18. Do you feel handicapped by a hearing problem?	<input type="radio"/>	YES	<input type="radio"/>	NO

If you answered **YES** to any of these questions it may mean that you have a hearing problem. If you answered YES to more than a few questions, then we strongly suggest a hearing evaluation in your near future is necessary.

To make an appointment with us now, call