



Hear better, understand more... converse with others properly

CHECK YOUR HEARING

Take this quick test and check your ability to hear properly.

HOW DID YOU DO?

Your answers to these questions only provide an early indication of whether your hearing is impaired or not. If you answered "yes" to just 1 or 2 of these questions you may not need our assistance just yet. If you answered "yes" to 3 of these questions, you may be experiencing some hearing loss. If you answered "yes" to 4 or more of these questions, we urge you to attend our Free Special Event and ask for a complimentary hearing consultation.

- | | <i>Yes</i> | <i>No</i> |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Do people seem to mumble or speak in a softer voice than they used to? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you feel tired or irritable after a long conversation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you sometimes miss key words in a sentence, or frequently need to ask people to repeat themselves? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. When you are in a group or in a crowded restaurant, is it difficult for you to follow the conversation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. When you are together with other people, does background noise bother you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you often need to turn up the volume on your TV or radio? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you find it difficult to hear the doorbell or the telephone ring? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is carrying on a telephone conversation difficult? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you find it difficult to pinpoint where an object is (e.g. an alarm clock or a telephone) from the noise it makes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has someone close to you mentioned that you might have a problem with your hearing? | <input type="checkbox"/> | <input type="checkbox"/> |