Hearing Questions

If you normally wear a hearing aid, please answer the following questions as if **NOT** wearing a hearing aid.
Please put a (✓) in the relevant box along with any further comments.

Q1.	**Do you have any difficulty with your hearing?**	(✓)
	No	☐
	Yes	☐
Q2.	**Do you find it very difficult to follow a conversation if there is background noise (such as TV, radio, children playing)?**	
	No	☐
	Yes	☐
Q3.	**How well do you hear someone talking to you when that person is sitting… …on your <u>RIGHT SIDE</u> in a quiet room?**	
	With no difficulty	☐
	With slight difficulty	☐
	With moderate difficulty	☐
	With great difficulty	☐
	Cannot hear at all	☐
Q4.	**…on your <u>LEFT SIDE</u> in a quiet room?**	
	With no difficulty	☐
	With slight difficulty	☐
	With moderate difficulty	☐
	With great difficulty	☐
	Cannot hear at all	☐
Q5.	**Do you use a hearing aid?**	
	No, never used a hearing aid	☐
	Yes, nowadays	☐
	Yes, in the past (more than 2 years ago)	☐
Q6.	**Would you be happy for us to contact you about further research studies?**	
	No	☐
	Yes	☐

Thank you for your help.

Please return the questionnaire in the reply paid envelope. No stamp is needed