

# The Hearing Space

## Lifestyle Questionnaire

Please tick the box that best describes how often you engage in each activity

	Several times per week	once per week	1-2 per month	<1time per month
Watch TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socialise at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socialise at clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat in a restaurant/ Café/coffee shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to theatre/concert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play bowls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play bingo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play other sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend church services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend lectures/ Seminars/etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick the box below that best describes how **important** each is to you

	Very important	important	not very important
1 to 1 conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small group conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating in Noisy environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socialising in restaurant /café/etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to music/concerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating in car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Church	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance of hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

