

Daily Hearing Diary

Sometimes you feel like something doesn't happen often, but if you look back after journaling consistently, you may notice it is happening more often than you think.

Circle what day you are on:

1 2 3 4 5 6 7 8 9 10

Was your day noisy or

- Noisy
- Quiet
- A little of both

What did you do today?

Did you have any difficulties hearing or understanding today?

- Yes
- No
- Sometimes

Were other people around? Did they have difficulties as well?

Write down any other details you noticed about your day.

Thank you!