

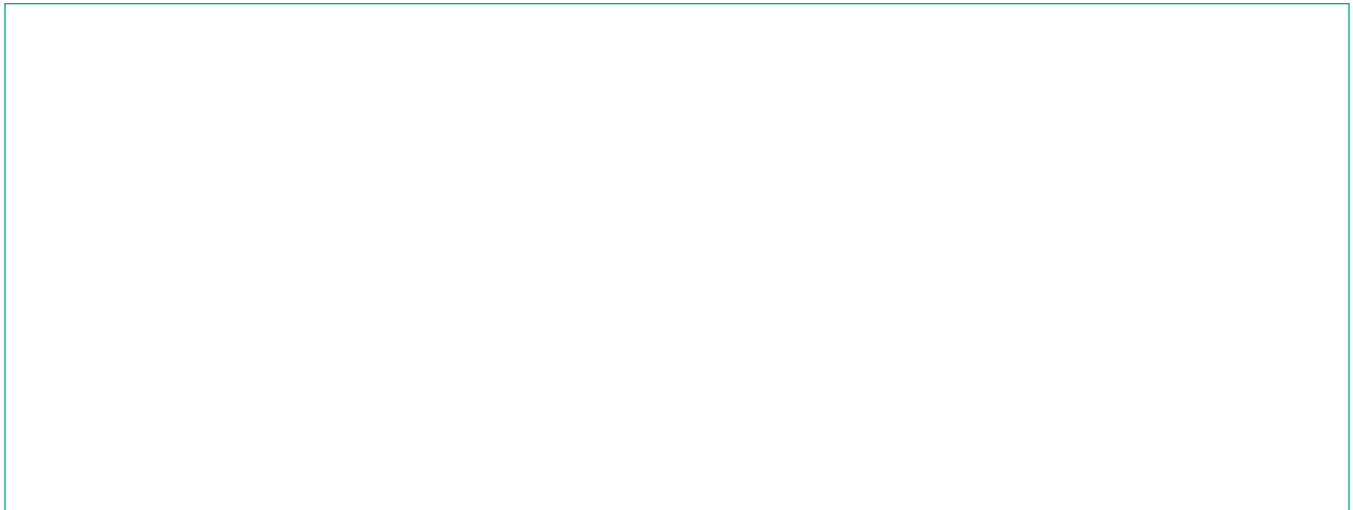
To Wear or Not to Wear?

UE1-C

Name _____



I need to wear my hearing aids when _____



I do *not* need to wear my hearing aids when _____
