



## Communication Needs Assessment

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**What motivated you to schedule your appointment?**

**Heading Aid Experience: (check all that apply)**

- I have never used a hearing aid.
- I have a hearing aid and use it regularly in my: Right ear
- I have a hearing aid and use it regularly in my: Left ear
- I have a hearing aid, but don't use it, or use it only occasionally.
- I have inquired about hearing aids at other office(s), but did not purchase at that time.
- I have tried a hearing aid, but returned it.

**What kinds of telephones do you use? (check all that apply)**

- Landline
- Smartphone
- Apple iPhone
- Android

**Please rank, in order of importance, the factors listed below that you would consider when purchasing hearing instruments. Rank using numbers 1-5 with 1 being the most important to you and rank 5 being the least important.**

- \_\_\_\_\_ Ability to understand speech better
- \_\_\_\_\_ Ability to understand speech better in noisy environments
- \_\_\_\_\_ Inconspicuous appearance
- \_\_\_\_\_ Physical comfort of the instruments
- \_\_\_\_\_ Cost of the hearing instruments

**Yes    No    Sometimes**

- |                       |                       |                       |  |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1. Does your hearing cause you to feel frustrated when visiting with friends, relatives or coworkers?    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2. Does your hearing cause you to feel embarrassed when meeting with new people?                         |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3. Do you have difficulty hearing when someone is soft spoken or speaks at a distance?                   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4. Does your hearing cause you to attend social events or religious services less often than you'd like? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5. Does your hearing cause you to become fatigued by the end of the day?                                 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6. Does your hearing cause you difficulty when listening to TV or radio?                                 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7. Does your hearing cause you difficulty when in a restaurant with relatives or friends?                |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8. Does your hearing cause you to have arguments with family members?                                    |

**On a scale of 1 – 10, where do you feel that you are (psychologically, emotionally, financially, etc.) regarding doing something about your hearing loss? \_\_\_\_\_**