

Hearing Instrument History & Needs Assessment

What motivated you to come in today? _____

How long have you had a hearing problem? _____

Please rate how you hear in in the following situations...

Quiet room conversation (1-3 people)	Good	Fair	Poor
Restaurants	Good	Fair	Poor
On the telephone	Good	Fair	Poor
Small group conversation	Good	Fair	Poor
Television	Good	Fair	Poor
Large social gatherings	Good	Fair	Poor
Place of worship	Good	Fair	Poor
Car	Good	Fair	Poor

Which above environment does your hearing give you the most trouble? _____

If we find that hearing instruments could have a positive impact on your life, how motivated do you feel you are (psychologically, emotionally, financially) about obtaining hearing instruments?

Not Motivated 1 2 3 4 5 6 7 8 9 10 Very Motivated

Please rank the following from most important (1) to least important (4) regarding hearing aids

_____ Sound Quality/Clarity _____ Durability/Reliability _____ Cost _____ Appearance

What is your hearing aid experience?

_____ I have a hearing device and use it regularly on my _____ right _____ left ear.

_____ I have a hearing device, but don't use it or only use it occasionally.

_____ I tried a hearing device, but returned it. How long ago? _____

_____ I have inquired about a hearing device, but never obtained any.

If you currently own a hearing device how has it worked for you? Good Fair Poor

What brand hearing device? _____ How old? _____ Where obtained? _____