



Needs Assessment

Hearing Assessment

- 1. Do you find it difficult to follow a conversation in a noisy room? YES NO
- 2. Do you feel that people are mumbling or not speaking clearly? YES NO
- 3. Do you experience difficulty following dialog in the theatre? YES NO
- 4. Do you find it difficult to understand a speaker at a religious service? YES NO
- 5. Do you find yourself asking people to speak up or repeat themselves? YES NO
- 6. Do you find men’s voices easier to understand than women or children’s? YES NO
- 7. Do you experience difficulty understanding soft or whispered speech? YES NO
- 8. Do you have difficulty understanding speech on the telephone? YES NO
- 9. Do you need to be able to communicate at work or in social situations? YES NO
- 10. Do you spend time in loud environments (sporting events, concerts, live theatre where you need to hear in the presence of background noise? YES NO
- 11. Does difficulty in hearing cause you to visit friends, relatives or neighbors less often than you would like? YES NO
- 12. Do you experience ringing or noises in your ears? YES NO
- 13. Are you actively working or do you need to communicate with people throughout the day? YES NO

Listening Environment Rating

Please list the top three listening situations where you would like to hear better.

- 1 _____
- 2 _____
- 3 _____

Life Style Considerations

- 1. What factors are important to you? Cosmetics Price Function of the hearing aid handling/dexterity ease of use/automatic
- 2. What type of phones do you use regularly? Desk or wall mobile speaker or handset
- 3. Which of the following best describes your current living environment? Retirement community (assisted), Retirement community (independent), Live alone Live with family, Have pets.