

Communication Assessment

Why have you decided to have your hearing tested today? (check all that apply)

- I want to be sure it's normal
- My family suggested I do this
- I feel my hearing is poor
- I think I need hearing aids
- My employer required it

YES NO

Do you have difficulty understanding in a group?	_____	_____
Do you have difficulty understanding TV or radio?	_____	_____
Are you withdrawing from conversation?	_____	_____
Do you feel frustrated trying to listen?	_____	_____
Do you avoid going places because you can't hear well?	_____	_____
Do you ask people to repeat?	_____	_____
Do you have difficulty listening to worship services?	_____	_____
Do you have difficulty listening in a restaurant?	_____	_____

Please list situations in which you would like to hear and/or understand better:

1. _____
2. _____
3. _____

Below is a list of factors to consider regarding hearing instruments. Please rank these in the order of preference for you

(1-8 with 1 being most important):

If we were to find out through this evaluation that you could be helped by the use of hearing instruments, are you ready to try?

YES NO MAYBE

Have you worn hearing aids before? _____

If yes, for how long? _____

Were you satisfied with them? _____

Which ear did you wear them? _____

- _____ Understand speech better
- _____ Maintenance expense
- _____ Follow up care
- _____ Comfort
- _____ Batteries
- _____ Cost
- _____ Cosmetics
- _____ Function in noisy places