

HEARING NEEDS ASSESSMENT

PATIENT NAME: _____ DATE: _____

SOCIAL/OCCUPATIONAL: I need hearing aids to:

	Very Important	Desirable	Not Important
Hear better on the phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hear women and children's voices better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help me hear at a distance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help me hear music better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help me hear better in a place of worship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce noise in a restaurant or large group setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allow me to understand effectively in a noisy work place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allow me to localize where sounds are coming from.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PHYSICAL/MENTAL REQUIREMENTS: I need hearing aids that:

	Very Important	Desirable	Not Important
Are simple and easy to insert due to poor dexterity or limited dexterity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are simple and easy to insert and understand due to memory issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have large batteries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have wireless features that will not interfere with a pacemaker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TECHNOLOGY: I need hearing aids that:

	Very Important	Desirable	Not Important
Are the most technologically advanced hearing instruments suited for my hearing loss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are automatic with little to no "fuss" on my end.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have the best "sound quality".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have different listening programs I can select while I am wearing them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can be reprogrammed to accommodate any further hearing loss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will allow me to hear phone calls through my hearing aids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will allow me to hear the television audio through my hearing aids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will allow me to listen to music through my hearing aids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a remote control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPEARANCE/COMFORT: I want hearing aids to be:

	Very Important	Desirable	Not Important
The smallest hearing aids appropriate for my hearing loss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discrete so that no one knows I wear them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-occluding (not plugging) and comfortable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ANYTHING ELSE THAT IS IMPORTANT THAT YOU THINK WE NEED TO KNOW?