

# BAYSIDE AUDIOLOGY & HEARING AIDS

## COMMUNICATION NEEDS ASSESSMENT

Name \_\_\_\_\_

Date \_\_\_\_\_

What brought you into our office today? \_\_\_\_\_

How long have you had difficulty hearing and understanding? \_\_\_\_\_

Which ear do you perceive as your "better" ear?    Left    Right    Not Sure

In the table below, please circle the appropriate answer that applies to your current hearing abilities in various environments. These responses are (please circle): without hearing aids or with hearing aids

LISTENING ENVIRONMENTS	How well do you currently hear in this environment?			How frequently are you in this environment?		
One-on-One Conversations	Good	Fair	Poor	Often	Sometimes	Rarely
Quiet Room(1 to 2 people)	Good	Fair	Poor	Often	Sometimes	Rarely
Small Groups(4 to 6 people)	Good	Fair	Poor	Often	Sometimes	Rarely
Large Social Gatherings	Good	Fair	Poor	Often	Sometimes	Rarely
At the Work Place	Good	Fair	Poor	Often	Sometimes	Rarely
Watching Television	Good	Fair	Poor	Often	Sometimes	Rarely
During Religious Services	Good	Fair	Poor	Often	Sometimes	Rarely
Meetings/Lectures	Good	Fair	Poor	Often	Sometimes	Rarely
In the Car	Good	Fair	Poor	Often	Sometimes	Rarely
Outdoors	Good	Fair	Poor	Often	Sometimes	Rarely
On the Telephone	Good	Fair	Poor	Often	Sometimes	Rarely

Has your hearing loss led you to avoid some social situations?    Yes    No

If yes, please describe \_\_\_\_\_

Please rank the following (in order) in terms of their importance in a hearing aid.

(1=most important, 4= least important)

\_\_\_\_\_ Overall Sound Quality      \_\_\_\_\_ Reliability      \_\_\_\_\_ Cost      \_\_\_\_\_ Style/Appearance

How motivated are you to do something about your hearing loss? (Please circle one)

Not                      Somewhat                      Motivated                      Very                      Extremely  
 Motivated                      Motivated                      Motivated                      Motivated

Specific questions or concerns? \_\_\_\_\_