

Pre-Assessment Form

Date: ___/___/___

Assessment of Communication Problems:

Our goal is to maximize your ability to hear to communicate with others. In order to reach this goal, it is important that we understand your communication needs, personal preferences and expectations. By working together with you, we will gain a clear understanding of your listening needs, allowing us to use our expertise to find the best hearing solution for you.

1. Please list the top three situations where you would like to hear better. Be as specific as possible.

2. How important is it for you to hear better? Mark an X on the line below.

Not Very Important _____ *Very Important*

3. How motivated are you to wear and use hearing aids. Mark an X on the line below.

Not Very Motivated _____ *Very Motivated*

4. How well do you think hearing aids will improve your hearing. Mark an X on the line below.
I expect them to:

Not be helpful at all _____ *Greatly improve my hearing.*

5. What is your most important consideration regarding hearing aids? Rank order the following factors with a **1** as the most important and a **4** as the least. Place an X on the line if the item has no importance to you at all.

Please rank the following in order of importance (1-4), if a hearing aid is recommended for you:

- ___ Hearing aid size and the ability of others not to see the hearing devices
- ___ Improve the ability to hear and understand speech
- ___ Improve the ability to understand speech in noisy situations (e.g. restaurants, parties)
- ___ Cost of the hearing devices

If you are currently using a hearing aid, or have in the past, please answer the following:

Which ear is/was aided? RIGHT LEFT BOTH

How long have you used a hearing aid? _____