



Name: _____ Date: _____

Our goal is to maximize your ability to hear so that you can more easily communicate with others. In order to reach this goal, it is important that we understand your communication needs, your personal preferences, and your expectations. By having a better understanding of your needs, we can use our expertise to recommend the hearing devices that are most appropriate for **you**. By working together **we** will find the best solution for you.

Please complete the following questions. Be as honest as possible. Be as precise as possible. Thank you.

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

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

Not Very Important -----*Very Important*

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

Not Very Motivated -----*Very Motivated*

4. How well do you think hearing devices will improve your hearing? Mark an X on the line.

I expect them to:

Not be helpful -----*Greatly improve my hearing*

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

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