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NEEDS ASSESSMENT HAE

Today's Date: _____

Patient's Name: _____

1. Who encouraged you to come in today? _____

2. What sorts of things have you noticed about your level of communication? _____

3. How long have you noticed difficulties? _____

4. What have others noticed about your hearing/communication ability? _____

5. Does this communication breakdown CONCERN you? _____

6. SALIENT EVENT WHY TODAY? _____

7. Where are the places communication is difficult for you? Speech in quiet? _____ Home setting? _____

Dinner table with spouse/friend? _____ Dinner table with group of people? _____

Conversation in restaurant? _____ Conversation at church/meetings? _____

TV Volume? _____ TV Clarity? _____ Movies/Theater? _____

How do you hear on phone? _____ Doorbells or fire-alarm? _____

IF WE FIND THROUGH OUR EVALUATION THAT WE COULD IMPROVE YOUR HEARING IN THE ABOVE SITUATIONS, WOULD YOU BE WILLING TO PROCEED WITH AMPLIFICATION? _____.

Patient's primary considerations in new instruments (RANK 1to 4) 1=most important, 4 =least important

_____ Cosmetic appearance _____ Sound quality/technology _____ Cost _____ Handling ease

Interviewed by: _____ Audiologist/Hearing Aid Specialist