

Hearing and Communication Questionnaire

Name: _____

Date: _____

Our goal is to optimize 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 system that is 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 better. Be as specific as possible. _____

2. How well do you think a hearing system will improve your hearing? Mark an X on the line. *I expect them to:*
Not be helpful at all 1 10 *Greatly improve my hearing*

5. What is your most important consideration regarding hearing aids? 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 aid size and the ability of others not to see the hearing aids*

_____ *Improved ability to understand speech in noisy situations (e.g., restaurants, parties)*

_____ *Improved ability to hear and understand speech*

_____ *Cost of the hearing system*

6. Do you think you prefer hearing devices that: (check one)

_____ *are totally automatic so that you do not have to make any adjustments to them.*

_____ *allow you to adjust the volume and change the listening programs as you see fit.*

_____ *no preference*

7. Look at the pictures of the hearing aids. Please place an X on the picture or pictures of the style you would **NOT** be willing to use. Your audiologist will discuss with you if your choices are appropriate for you – given your hearing loss and physical shape of your ear.



BTE



Mini BTE



Full Shell



Half Shell/Low Profile



Canal



CIC

8. If we find you need help, how motivated are you to use hearing aids? Mark an X on the line.

Not very motivated 1 10 *Very motivated*

9. On a scale of 1 to 10, 1 being the worst and 10 being the best, how would you rate your communication ability? _____

Thank you for answering the questions. Your responses will assist us in providing you with the best hearing healthcare.