

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. With this information, we can use our expertise to make a recommendation of hearing aids or other solutions that are most appropriate for your individual needs.

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

2. **How important is it for you to hear better?**

Not very important 1 2 3 4 5 *Very motivated*

3. **How motivated are you to wear and use hearing aids?**

Not very motivated 1 2 3 4 5 *Very motivated*

4. **How well do you think hearing aids will improve your hearing?**

Not be helpful at all 1 2 3 4 5 *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 hear and understand speech.
- ___ Improved ability to understand speech in noisy situations
(e.g. restaurants, parties)
- ___ Cost of hearing aids