

Professional hearing evaluation, high quality, best value products, with an emphasis on **Care**

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Characteristics of Amplification Tool

(Needs, Preferences and Concerns)

Name: _____ Date: _____

Our goal is to maximize your ability to hear so that you can more easily communicate with others. To reach this goal, it is important that we understand your communication needs, your personal preferences, and your expectations. By better understanding this, we can recommend the hearing aids that are most appropriate for **you**. Working together, **we** will make the best decisions. Please complete the following questions, being as honest and as specific as possible.

1. Please **CROSS OUT** the activities that you are **NOT** likely to be involved in on a regular basis:

Quiet home activities	Watching TV	Conversation with one person	Conversation in small group
Meetings or classes	Religious gatherings/theater	Dining in quiet restaurant	Traveling by car
Shopping or big public places	Large party or social function	Dining in noisy restaurant	Sporting events, or other very large crowds
Traveling by bus, train, plane	Working in noisy environment	Working in dirty or dusty environment	Work around trees and brush
Outdoor activities/wind	Outdoor activities/water	Exercising/perspiration	Attend concerts
Perform as musician	Use cordless landline phone	Use corded landline phone	Use any cell phone
Use the iPhone	Use an Android smart phone	Use any MP3 (music) player	Use an iPad or iPod
Use Bluetooth earpiece	Use headset/headphones	Use a stethoscope	Use earplugs/muffs

2. Please remind us of your occupation, if any, _____ and list your main non-work activities _____

3. What is your most important consideration regarding hearing aids? Please rank order the following factors using "1" as the most important. You can mark factors that are of no importance to you with an "X".

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

4. Do you prefer hearing aids that:

- ___ 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

5. Do you have concerns about wearing something behind your ear? ___ Yes ___ No

6. Do you have poor dexterity, tremor, a poor sense of touch, or big fingers? ___ Yes ___ No

7. Is your vision poor even with glasses? ___ Yes ___ No

8. Do you have memory problems? ___ Yes ___ No



BTE



RIC / Mini BTE



ITE



HS / ITC



CIC / IIC

9. Check the boxes above for the hearing aid styles that you would consider wearing. Please remember that not all styles are appropriate for all hearing losses, so we may need to discuss styles that you did not check.

10. How important is it for you to hear better than you do now? Mark an **X** on the line.

Not Very Important -----Very Important

11. How motivated are you to wear and use hearing aids? Mark an **X** on the line.

Not Very Motivated-----Very Motivated

12. How well do you think hearing aids will improve your hearing? Mark an **X** on the line.

I expect them to:

Not be helpful at all -----Greatly improve my hearing

13. How confident do you feel that you will be able to wear the hearing aids regularly, take care of them, and become used to how things sound with them in? Mark an **X** on the line.

Not Very Confident-----Very Confident

Client Oriented Scale of Improvement

(Personal Goals)

On the lines below, please list three to five specific situations where you would most like to hear better, then rank order them on the right using "1" as the most important.

Choose from the examples below or come up with your own.

Importance

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

hear conversation with 1 or 2 people in quiet	hear TV/radio at a normal volume (no more complaints)	hear a certain person better (grandchild?)	increased social contact (stop being isolated)
hear conversation with 1 or 2 people in noise (restaurant?)	hear phone ring from another room	hear better at church or in a meeting	stop feeling left out (can participate in activities)
hear conversation with group of people in quiet	understand familiar speaker on the phone	hear front door bell or knock	stop having to ask people to repeat themselves
hear conversation with group of people in noise (family event?)	understand unfamiliar speaker on the phone	hear traffic better for safety	stop feeling embarrassed, upset, angry or stupid

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