



## Hearing Device History and Needs Assessment

1. What was your primary motivation for visiting us today?

To purchase Instruments.

2. Hearing device history

- I have a hearing device and use it often in both ears.
- I have a hearing device and use it often in the right ear.
- I have a hearing device and use it often in the left ear.
- I have a hearing device, but don't use it, or rarely use it.
- I tried a hearing device, but returned it.
- I have inquired about devices elsewhere, but did not purchase.
- I have never used a hearing device.

3. If we find out hearing instruments can help you, how would you rank these four items from most important to least important in your purchasing decision? 1 = most important ..... 10 = least important

Sound Quality       Durability/Reliability       Cost       Appearance

4. On a scale of 1-10, where do you feel that you are (psychologically, emotionally, financially) regarding moving forward about your hearing impairment? (1 = not ready ..... 10 = ready)

1    2    3    4    5    6    7    8    9    10

Please list situations where you have difficulty hearing or communicating. Be as specific as you can, as this will help us find the right solution for your specific needs. Try to include your spouse if at all possible.

Example: I have difficulty understanding my companion when sitting across the table in a moderately noisy restaurant.

Please rank these environments from the most frustrating to the least in order one through four.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_