

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

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Client Oriented Scale of Improvement goals & Characteristics of Amplification Tool

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. By better understanding this, we can use our expertise to recommend the hearing aids that are most appropriate for **you**. By working together, **we** will make the best decisions. Please complete the following questions. Be as honest and as precise as possible.

- 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 these examples or come up with your own:**

hear conversation with 1 or 2 people in quiet	increased social contact	hear TV/radio at normal volume	stop feeling left out
hear conversation with 1 or 2 people in noise	hear better at church or in meeting	hear front door bell or knock	stop feeling embarrassed or stupid
hear conversation with group in quiet	understand familiar speaker on phone	hear phone ring from another room	stop feeling upset or angry
hear conversation with group in noise	understand unfamiliar speaker on phone	hear traffic better for safety	other situation where you want to hear better

Importance

- 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/public places	Large party or social function	Dining in noisy restaurant	Sporting events / be in very large crowds
Traveling by bus, train or plane	Working in noisy environment	Working in dirty/dusty environment	Work around trees and brush
Outdoor activities/wind	Outdoor activities/water	Exercising/perspiration	Attend concert
Perform as musician	Use cordless landline phone	Use corded landline phone	Use cell phone
Use Bluetooth device	Use MP3 player	Use headset/headphones	Use stethoscope

- Do you have concerns about wearing something behind your ear? ___ Yes ___ No
- Do you have poor dexterity, tremor, a poor sense of touch, or big fingers? ___ Yes ___ No

5. Is your vision poor? ___Yes ___No
6. Do you have memory problems? ___Yes ___No
7. Do you prefer hearing aids 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
8. What is your most important consideration regarding hearing aids? Please rank order the following factors using "1" as the most important. If the factor has no importance to you at all, mark it 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
9. How important is it for you to hear better than you do now? Mark an **X** on the line.
Not Very Important -----Very Important
10. How motivated are you to wear and use hearing aids? Mark an **X** on the line.
Not Very Motivated-----Very Motivated
11. 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
12. 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
13. There is a wide range in hearing aid prices. The cost of hearing aids depends mostly on the level of technology. The choice of follow-up care plan is a factor. Style, options and accessories are sometimes factors. We try to match the hearing loss to an appropriate style and technology level.
- The line below shows an approximate price range *per pair* with professional services included, from the least expensive super-economy products to the most recent best-of-the-best. **If you would like us to limit our recommendations to products within a certain price range**, please mark **two X's** on the line that represent your **spending comfort range for a pair** of hearing aids. (Most people need a pair; it is possible to get one hearing aid.)
- \$1500 \$2000 \$2500 \$3000 \$3500 \$4000 \$4500 \$5000 \$5500 \$6000

14. Please list any other concerns or special circumstances we need to consider.

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