Cedar Rapids
HEARING CENTER
1825 29th St NE, Ste. A., Cedar Rapids, IA 52402
(319) 286-8782

# HEARING NEEDS ASSESSMENT

**1. What is your hearing aid experience?**

☐ I have a hearing device and use it regularly on the __right ear __ left ear.

☐ I have a hearing device, but don't use it, or use it only occasionally.

☐ I tried a hearing device but returned it for credit.

☐ I have inquired about hearing devices at another office(s), but did not purchase at that time.

☐ I have never used a hearing device.

**2. Rank the following in order of importance to you regarding a hearing device, with 1 being the most important and 5 the least important:**

__ Sound Quality/Clarity __Durability/Reliability __Cost __Appearance __Bluetooth Connectivity

**3. What motivated you to make an appointment?** _____

**4. On a scale from one to ten how much is your hearing loss impacting your daily routine?** (Please circle one)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Not At All | | | | | | | | | Significantly |

**5. Please check the box which corresponds to your ability to hear in situations listed and check how often you are in that situation.**

| LISTENING SITUATION | HOW WELL DO YOU HEAR IN THIS SITUATION? | | | HOW OFTEN ARE YOU IN THIS SITUATION? | | |
|---|---|---|---|---|---|---|
| Quiet Room (1 to 2 people) | Poor | Fair | Good | Rarely | Sometimes | Often |
| Restaurants | Poor | Fair | Good | Rarely | Sometimes | Often |
| Car | Poor | Fair | Good | Rarely | Sometimes | Often |
| Television | Poor | Fair | Good | Rarely | Sometimes | Often |
| Church | Poor | Fair | Good | Rarely | Sometimes | Often |
| Meeting/ Lecture | Poor | Fair | Good | Rarely | Sometimes | Often |
| Work Place | Poor | Fair | Good | Rarely | Sometimes | Often |
| Telephone Call | Poor | Fair | Good | Rarely | Sometimes | Often |
| Large Social Gatherings | Poor | Fair | Good | Rarely | Sometimes | Often |