

# DILES HEARING CENTER

275 W. Union Street, Athens, OH 45701

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Who is here with you today? \_\_\_\_\_ Relationship: \_\_\_\_\_

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 having a better understanding of your needs, we can use our expertise to recommend hearing devices that are most appropriate for **you**. By working together, **we** will find the best solution for you.

Please complete the following questions. Be as honest as possible. Be as precise as possible.

1. Please list the top three situations where you would most like to hear well. Be as specific as possible.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a problem with \_\_\_\_\_ phone and/or \_\_\_\_\_ TV?

2. How important is it for you to hear well? Mark an X on the line.  
*Not Important* -----*Very Important*
3. How motivated are you to wear and use hearing devices? Mark an X on the line.  
*Not Motivated* -----*Very Motivated*
4. How well do you think hearing devices will improve your hearing? Mark an X on the line  
*No Improvement*-----*Greatly improve my hearing*

5. What is your most important consideration regarding hearing devices? Rank order each of the following factors with **1** as the most important and **4** as the least important.  
\_\_\_\_ Hearing device size and the ability of others not to see the hearing devices  
\_\_\_\_ Improved ability to hear and understand speech  
\_\_\_\_ Improved ability to understand in noisy situations (e.g., restaurants, parties)  
\_\_\_\_ Cost of the hearing devices