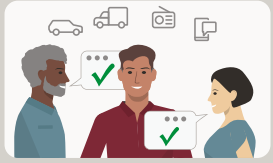
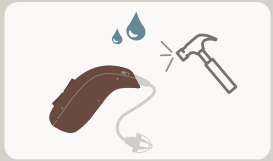
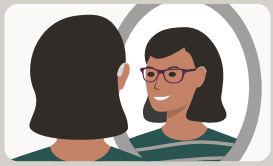
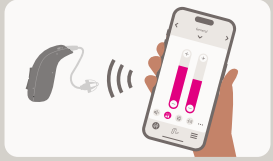
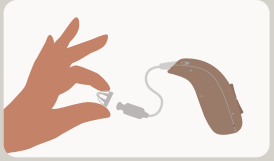
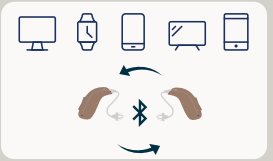
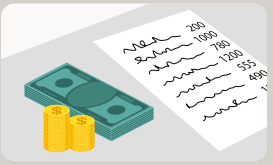
Your communication needs

Patient name: _____ Clinician name: _____ Date: _____

Choose 3-4 situations you want to hear better in.	How difficult is it for you to communicate in the situation?	How important is it for you to improve your hearing in this situation?	Why did you place the mark where you did on the scale?
☐	 Restaurant	Not at all ← → Very much 0 1 2 3 4 5 6 7 8 9 10	
☐	 Family dinner	0 1 2 3 4 5 6 7 8 9 10	
☐	 Large group settings	0 1 2 3 4 5 6 7 8 9 10	
☐	 Shopping malls and supermarkets	0 1 2 3 4 5 6 7 8 9 10	
☐	 Outdoors	0 1 2 3 4 5 6 7 8 9 10	
☐	 Office	0 1 2 3 4 5 6 7 8 9 10	
☐	 1:1 conversations	0 1 2 3 4 5 6 7 8 9 10	
☐	 Phone calls	0 1 2 3 4 5 6 7 8 9 10	
☐	 Cinema	0 1 2 3 4 5 6 7 8 9 10	
☐	 Watching TV	0 1 2 3 4 5 6 7 8 9 10	
☐	Other: _____	0 1 2 3 4 5 6 7 8 9 10	

Your hearing aid preferences

Choose the top three to five items that are most important to you when choosing a hearing aid.
Rank them from 1-5

- ☐  Clarity
- ☐  Sound quality
- ☐  Reliability and durability
- ☐  Appearance
- ☐  Ability to control device with smart phone
- ☐  Accessories
- ☐  Dexterity
- ☐  Connectivity to your devices
- ☐  Budget

Notes:

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