

Needs assessment to be completed by the companion.

Patient Name _____ Date _____

Does your friend/family member:	Yes	No	Sometimes
find it difficult to follow a conversation in a noisy restaurant or crowded room?			
feel that people are mumbling or not speaking clearly?			
experience difficulty following dialog in the theater?			
find it difficult to understand a speaker at a public meeting or religious service?			
ask people to speak up or repeat themselves?			
understand men's voices better than voices of women or children?			
experience difficulty understanding soft or whispered speech?			
attend work or social meetings where they need to be able to communicate amidst group conversation?			
spend time in loud environments (sporting events, concerts, live theater) where they need to hear in the presence of background noise?			
visit friends, relatives or neighbors less often than they would like due to their hearing loss?			
experience ringing or noises in his/her ears?			
work or need to communicate with people in a professional environment?			
have hand or finger dexterity problems?			
have difficulty understanding speech on the telephone?			

Listening environment rating

Please provide the top three listening situations where you would like your friend/family member to hear better:

1. _____ 2. _____ 3. _____