

# Power hearing solutions

Needs assessment



# Needs assessment

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

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

Your hearing care  
professional / audiologist:

## Work, home and social life situations

Please select the situations at work, at home or in social environments where you would like to improve your hearing.

In which listening situations do you wish an improvement?	In proximity to the speaker (<1.5 m/5 feet)	At distance to the speaker (>1.5m/5 feet)
One-on-one conversations in quiet	<input type="checkbox"/>	<input type="checkbox"/>
One-on-one conversations in noise	<input type="checkbox"/>	<input type="checkbox"/>
Group conversations in quiet	<input type="checkbox"/>	<input type="checkbox"/>
Group conversations in noise	<input type="checkbox"/>	<input type="checkbox"/>
In a car, train, plane, bus, etc.	<input type="checkbox"/>	<input type="checkbox"/>
In large halls, churches or other rooms with an echo	<input type="checkbox"/>	<input type="checkbox"/>
Conferences/lectures	<input type="checkbox"/>	<input type="checkbox"/>
Business meetings up to 4 participants	<input type="checkbox"/>	<input type="checkbox"/>
Business meetings between 5 and 8 participants	<input type="checkbox"/>	<input type="checkbox"/>
Business meetings 9 or more participants	<input type="checkbox"/>	<input type="checkbox"/>
In which listening situations do you wish an improvement?	Yes	No
Making calls at home	<input type="checkbox"/>	<input type="checkbox"/>
Making calls on a cellphone	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV	<input type="checkbox"/>	<input type="checkbox"/>
Multimedia (MP3 player, computer, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

---

## Additional information

What are your favorite activities during which you would like to hear better:

---

---

---

Describe what you do for living and what your duties are:

---

---

---

Describe your office layout and environment:

---

---

---

Describe other situations at work where you would like to improve your hearing:

---

---

---

Do you have energy to pursue your leisure interests outside of work or are you very tired when you get home, with tension in your shoulders and neck, etc.?

Yes    No

---

## COSI goals

1. 

---
2. 

---
3. 

---