

Communication Assessment Form

Client Instructions

- Please write or print clearly with a pen.
- Take your time answering these questions with as much detail as possible.

Why are there so many questions?

- Most of the questions only require a check box so the form should not take long to complete.
 - The information you provide helps uncover areas at home, work and school where communication issues are not how you want them to be, or restrict how well you do your job.
 - We need all the phone and work details so we can make sure any product recommendations are compatible with what you already have.
- Add comments, especially if you are having extra trouble in any area.
 - Try to answer all of the questions that you can, don't skip any.

Communication Assessment Form

Today's Date _____

Name _____

Vocational Rehabilitation Counselor _____

Audiogram Provided

Hearing Aid Recommendation Provided

1. Personal History

1.1. How do you communicate with others? Check all that apply.

- Sign language
- Fingerspelling
- Speaking and listening
- Speechreading & lip reading
- Tell people how to talk to me

1.2. How would you describe your overall hearing loss without hearing aids?

- Mild to moderate
- Moderate to severe
- Severe to profound
- Profound
- Don't know

1.3. When was your last audiogram? _____

1.4. How old were you when you began noticing your hearing loss? _____

1.5. Do you tell people you have a hearing loss? Yes No

1.6. Do you feel that your family understands your hearing loss? Yes No

1.7. What do you do when you don't understand someone? _____

Hearing Aid History

1.8. Do you currently wear hearing aids or have a Cochlear Implant (CI)?

- Yes - **CONTINUE to Question 1.9** No ----- **SKIP to Question 2.1**

1.9. What kind of hearing technology do you currently have?

- Behind-the-ear (BTE) hearing aid(s)
- Custom In-the-Ear hearing aid(s)
- Bodyworn cochlear implant speech processor
- Cochlear implant speech processor
- Other _____

1.10. How many years have you been wearing hearing aids/CIs? _____

1.11. Do you use your hearing aids with: Check all that apply Telephone Cell phone

1.12. Do you use the "T" switch (called telecoil or telephone switch)? Yes No

1.13. Does the phone squeal when you hold the handset to your ear? Yes No

1.14. Do you use a Bluetooth streamer with your hearing aid? Yes No

2. Employment Information

2.1. Current Employment Situation:

I work Full time Part time

I am unemployed Currently seeking work Student Homemaker

2.2. Employer _____

2.3. Job Title _____

2.4. List the essential job duties:

2.5. Type of work desired: _____

3. Communication Issues

If seeking work, fill in based on previous job experience.

3.1. Describe where and when it is hard to hear your supervisor, co-workers, and/or your customers.

3.2. Do people at work know you have trouble hearing? Yes No

3.3. Are you exhausted or drained when you get home? Yes No

3.4. Do you feel people on the job are supportive of you? Yes No

3.5. Do you sometimes pretend to hear or understand people even when you don't? Yes No

3.6. Can you hear others when it is relatively quiet? Yes No

3.7. Does background noises make it hard to understand? Yes No

3.8. Do you avoid any situations that are hard to understand? Yes No

When? _____

3.9. Share ideas that you think would help you most at work. _____

4. Specialized Equipment Used

4.1. Are you required to use equipment such as: Check all that apply

Forklift Stethoscope 2-way radio Other

If 'Other' is selected, please list the type of equipment: _____

5. Work Safety Issues

5.1. Do you wear earplugs for noise protection? Yes No

5.2. Do you wear headset muffs for noise protection? Yes No

5.3. Is there an existing emergency alerting system now? Yes No

If yes, can you hear the emergency alerting? Yes No

5.4. Do you need to hear equipment or alarms? Yes No

If yes, what kind: _____

6. Meeting and Training Needs

6.1. How many meetings do you attend a month? **If none, skip to question #6.5** _____

6.2. How many people are in each of those meetings? _____

6.3. Types of room set-ups. Check all that apply.

One or two conference tables Conference tables set in rows

Conference tables set it rectangle Lunchroom On the store/warehouse/factory floor with people standing

6.4. Do you use videoconference remote platform to participate in the meeting? Yes No

If yes, do you have difficulty to hear throughout the meeting? Yes No

6.4. Do you want a copy of "Good Meeting Rules"? Yes No

6.5. Check all support services you are familiar with:

Interpreter Notetaker CART captioning FM system Unsure

6.6. Are you attending school or training classes? Yes No – **if no, go to question #7.1**

6.7. Are these online classes? Yes No

6.8. Can you hear the instructor? Yes No

6.9. Can you hear classmates? Yes No

6.10. Are you having trouble following along in classes? Yes No

7. Communication

Do you have problems hearing other people on the phone? Yes No

If yes, check all that apply Home (landline) Cell phone Work phone

7.1. Please choose the type of **WORK PHONE** you have.

Traditional Desk Phone Cordless Phone Cell Phone Other _____

7.2. Does the phone have volume control? Yes No

7.3. Is your work phone on a digital or VOIP system? Yes No I don't know

7.4. Do you answer the phone in different areas? Yes No

7.5. Do you have trouble hearing your phone ring? Yes No

7.6. Approximately how many calls do you handle a day? _____

7.7. Describe any problems with the work phone. _____

7.8. Do you have a personal **CELL PHONE**? Yes No – If no, go to #7.11

7.9. Is this phone used for work? Yes No

7.10. How often do you have difficulty to understand someone on the phone?

Always Sometimes Rarely

7.11. Do you have a **HOME LANDLINE PHONE**? Yes No

7.12. Do you have high speed **INTERNET SERVICE**? Yes No

8. Home Alert Needs

8.1 Identify the situation that you are currently struggling to hear: Check all that apply

Alarm clock	<input type="checkbox"/>	Smoke detector	<input type="checkbox"/>
Landline phone ringing	<input type="checkbox"/>	Cell phone ringing	<input type="checkbox"/>
Doorbell ringing	<input type="checkbox"/>	Knock on the door	<input type="checkbox"/>
Television/stereo/radio	<input type="checkbox"/>		

8.2 Conversational Situations:

Identify these social situations that you are currently struggling - check all that apply

- In one-on-one conversations at banks, work, doctors, etc.
- In small groups (5 or less) at restaurants, family gatherings, etc.
- In large groups (6 or more)
- While in a vehicle

