

## 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 have vision loss?  Yes  No

1.6. Is your vision loss corrected with glasses?  Yes  No

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

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

1.9. What do you do when you don't understand someone? \_\_\_\_\_

1.10. What do you do when you ask someone to repeat several times and you still don't understand? \_\_\_\_\_

## Hearing Aid History

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

- Yes - CONTINUE to Question 1.14       No ----- **SKIP TO Question 2.1**

**1.10.** 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

**1.11.** How many years have you been wearing hearing aids/CIs? \_\_\_\_\_

**1.12.** Brand, model and **age** of LEFT hearing aid/CI: \_\_\_\_\_

**1.13.** Brand, model and **age** of RIGHT hearing aid/CI: \_\_\_\_\_

**1.14.** Do you use your hearing aids with: *the telephone*?       Yes     No

**1.15.** Do you use your hearing aids with *the cell phone*?       Yes     No

**1.16.** Do you use the “T” switch (called telecoil or telephone switch)?       Yes     No

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

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

## **2. List Essential Job Functions**

**2.1.** Current Position or general type of work desired. Check all that apply:

- Automotive technician
- Bank
- Call Center
- Factory production line work
- Maintenance - janitorial
- Management/Supervisor
- Nurse- other medical professionals
- Office Work Clerical (receptionist, clerical, administrative)
- Pastor/Counselor
- Real Estate Professional
- Restaurant/Food Service (server, prep, kitchen)
- Retail Store – small
- Retail Store associate (big box, large)
- Outdoor work - Construction
- Outdoor work – Other (lawn service, road crew, etc)
- Teacher/Professor/Instructor
- Trade/Service provider (electrical, plumbing, hvac)
- Transportation driver (truck, van, delivery)
- Warehouse work (pick and pack/shipping/receiving/forklift driver, etc)
- Work at home (homemaker, phone work, etc)
- Other - please describe \_\_\_\_\_

**2.2. Current Employment Situation:**

I work  Full time  Part time

I am unemployed  Currently seeking work  Full time Student  Homemaker

2.3. Employer Name \_\_\_\_\_

2.4. Job Title \_\_\_\_\_

2.5. List the essential job duties: \_\_\_\_\_

---

---

**3. Identify 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. \_\_\_\_\_

---

---

3.2. Describe where and when it is hard to hear your co-workers. \_\_\_\_\_

---

---

3.3. Describe where and when it is hard to hear your customers. \_\_\_\_\_

---

---

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

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

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

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

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

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

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

When? \_\_\_\_\_

3.11. Share ideas that you think would help you most at work.

---

## 4. List Specialized Equipment Used

4.1. Do you need to use a stethoscope?  Yes  No

4.2. Do you use a 2-way radio?  Yes  No

If Yes, List brand and model# \_\_\_\_\_

## 5. Explore 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

5.4. Can you hear the emergency alerting?  Yes  No

5.5. Is alerting the same for all management levels?  Yes  No

5.6. Can you hear forklift or machinery horns?  Yes  No

5.7. Do you need to hear any other equipment alarms?  Yes  No

## 6. Obtain Meeting/Training Data

6.1. How many meetings do you attend a month? \_\_\_\_\_

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
- Lunch room
- On the store/warehouse/factory floor with people standing

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

- 6.6. Are you attending school or training classes?  Yes  No --→ Skip to #7.1 if No
- 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 in classes?  Yes  No
- 6.11. Which classes are hardest to understand? \_\_\_\_\_

## 7. Gather Telephone / Cell Phone / Internet Information

**Please take the time to find MODEL numbers – It can be important.**

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

- Traditional Desk Phone  Cordless Phone  Cell Phone  Other \_\_\_\_\_

7.2. What is the model of your work phone? (example Nortel M5430) \_\_\_\_\_

7.3. What is the model of the headset? (if you use one) \_\_\_\_\_

7.4. Does the phone have volume control?  Yes  No

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

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

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

7.8. Approximately how many calls do you handle a day? \_\_\_\_\_

7.9. Describe any problems with the work phone \_\_\_\_\_

7.10. Do you have a personal **CELL PHONE**?  Yes  No

7.11. Is this phone used for work?  Yes  No

7.12. When do you have trouble hearing on the phone? \_\_\_\_\_

7.13. List provider, brand and model # \_\_\_\_\_

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

7.13. Do you have problem hearing on your home phone?  Yes  No

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

## 8. Describe Home Environment

8.1. How many floors are in the home? (Don't include unfinished basement) \_\_\_\_\_

8.2. What type of doorbell do you have?

Chime box installed up on wall    Portable Plug-In    Intercom System    None/broken

8.3. What type of home do you live in?

- House
- Condo
- Apartment
- Mobile home
- Dorm

**Alerting Needs:**

8.4. Alarm clock – How do you wake up? \_\_\_\_\_

8.5. Smoke detector – Would it wake you up?                       Yes  No

8.6. Landline phone ringing – Can you hear it ringing?                       Yes  No

8.7. Cell phone ringing – Can you hear it ringing?                       Yes  No

8.8. Doorbell ringing – Can you hear the doorbell ringing?                       Yes  No

8.9. Landline phone ringing – List rooms you cannot hear phone ring. \_\_\_\_\_

8.10. Doorbell ringing – List rooms you cannot hear doorbell ring. \_\_\_\_\_

8.11. Someone knocking at the door – List rooms you cannot hear it. \_\_\_\_\_

8.12. Television/stereo/radio – List difficulties \_\_\_\_\_

8.12. You can be signaled to alert you around your home. Which would you prefer?

Audible sound    Room lamp flashing    Strobe light unit    Pager    None

**Conversational Situations: Describe when these situations are hard.**

8.13. In one-on-one conversations at banks, work, doctors, etc. \_\_\_\_\_

8.14. In small groups (5 or less) at restaurants, family gatherings, etc. \_\_\_\_\_

8.15. In large groups (6 or more) \_\_\_\_\_

8.16. While in a vehicle \_\_\_\_\_

8.17. List any products that have been helpful to you. \_\_\_\_\_

**Please describe the most important and difficult situations that you hope can be improved.**

8.18. \_\_\_\_\_

8.19. \_\_\_\_\_

