

COSI



NAL CLIENT ORIENTED SCALE OF IMPROVEMENT

Name : _____ Category. New _____
 Audiologist : _____ Return _____
 Date : 1. Needs Established _____
 2. Outcome Assessed _____

Degree of Change

Final Ability (with hearing aid)

Person can hear
 10% 25% 50% 75% 95%

SPECIFIC NEEDS

Indicate Order of Significance

Worse	No Difference	Slightly Better	Better	Much Better	CATEGORY	Hardly Ever	Occasionally	Half the Time	Most of Time	Almost Always

- Categories**
- | | | | |
|--------------------------------------|---|----------------------------------|----------------------------|
| 1. Conversation with 1 or 2 in quiet | 5. Television/Radio @ normal volume | 9. Hear front door bell or knock | 13. Feeling left out |
| 2. Conversation with 1 or 2 in noise | 6. Familiar speaker on phone | 10. Hear traffic | 14. Feeling upset or angry |
| 3. Conversation with group in quiet | 7. Unfamiliar speaker on phone | 11. Increased social contact | 15. Church or meeting |
| 4. Conversation with group in noise | 8. Hearing phone ring from another room | 12. Feel embarrassed or stupid | 16. Other |