

NAL

CLIENT ORIENTED SCALE OF IMPROVEMENT

Name: 20Q Sample Patient Category: _____
 Audiologist: _____
 Date: 1. Needs Established _____
 2. Outcome Assessed _____

New X
 Return _____

Degree of Change

Final Ability (with hearing aid)
 Person can hear
 10% 25% 50% 75% 95%

SPECIFIC NEEDS

Indicate Order of Significance

- #5 *Hearing friends while shooting pool in Ryder Bar.*

- #4 *Understanding numbers called during Bingo.*

- #2 *Understanding wife when she is in another room.*

- #3 *Not have to turn the TV up so loud.*

- #1 *Understanding soft voices of grandchildren when they visit.*

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