

## 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

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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                  |