

CLIENT INSTRUCTIONS

- If completing by handwriting, please write or print clearly with a blue or black 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 the questions that you can, don't skip any.

Return this questionnaire to your OVR counselor.

Communication Assessment Questionnaire

Today's Date:

Vocational Rehabilitation Counselor:

SECTION 1. PERSONAL HISTORY

Name:

Date of Birth:

Address:

City:

State:

Zip:

Daytime Phone No.:

Evening Phone No.:

Email Address:

If we have questions, may we contact you directly?

Yes

No

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

Sign language

Speechreading & lip reading

Fingerspelling

Tell people how to talk to me

Speaking and listening

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

Mild to moderate

Profound

Moderate to severe

Don't know

Severe to profound

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. If yes, is your vision corrected with glasses?

Yes

No

1.7. Do you tell people you have hearing loss?

Yes

No

1.8. Do you go out socially with family and friends? Yes No

1.9. Do you have a good time when you go out? Yes No

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

1.11. What do you do when you don't understand someone?

1.12. What do you do if you ask someone to repeat several times and you still don't understand?

Hearing Aid History

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

Yes – Continue to Question 1.14

No – SKIP TO Question 2.1

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

Behind-the-ear (BTE) hearing aids(s)

Custom In-the-ear hearing aid(s)

Cochlear implant speech processor

1.15. How many years have you been wearing hearing aids/CI's?

1.16. Brand/make/model and age of the LEFT hearing aid/CI?

1.17. Brand/make/model and age of the RIGHT hearing aid/CI?

1.18. Do you use hearing aids with the telephone? Yes No

1.19. Do you use hearing aids with the cell phone? Yes No

1.20. Do you use the "T" switch (i.e., telecoil or telephone switch)? Yes No

1.21. Does the telephone squeal when you hold the handset to your ear? Yes No

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

SECTION 2. LIST ESSENTIAL JOB FUNCTIONS

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

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

2.2. Current Employment Status:

I work:

Full time

Part time

I am unemployed:

Currently seeking work

Full time Student

Homemaker

Employer Name:

Job Title:

List the essential job duties:

SECTION 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 you take breaks or eat lunch with your co-workers? Yes No

3.5. Do people at work know you are having trouble hearing? Yes No

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

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

3.8. Do you ever bluff your way through social conversations? Yes No

3.9. Do you ever bluff your way in job related conversations? Yes No

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

3.11. Does background noise make it hard to understand? Yes No

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

If yes, describe when?

3.13. Share some ideas that you think would help you most at work:

SECTION 4. LIST SPECIALIZED EQUIPMENT USED

Do you need to use a stethoscope? Yes No

Do you use a 2-way radio? Yes No

If Yes, List brand and model#

SECTION 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

SECTION 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

Lunchroom

Conference tables set in rows

On the store/warehouse/factory floor with people standing

Conference tables set in a rectangle

6.4. Can you understand accents? Yes No

6.5. Can you lipread someone with a moustache? Yes No

6.6. Do you want a copy of "Meeting Strategies"? Yes No

6.7. Check all support services you are familiar with:

Interpreter

CART captioning

Notetaker

FM system

6.8. Are you attending school or training classes?

Yes

No

Skip to #7.1

6.9. Are these online classes?

Yes

No

6.10. Can you hear the instructor?

Yes

No

6.11. Can you hear classmates?

Yes

No

6.12. Are you having trouble in classes?

Yes

No

6.13. Which classes are hardest to understand?

SECTION 7. 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

Cell Phone

Cordless Phone

Other

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

7.3. Does the phone have volume control?

Yes

No

7.4. Do you use a headset?

Yes

No

If yes, Brand/Model:

7.5. Do you answer the phone in different areas?

Yes

No

7.6. Do you have trouble hearing your phone ring?

Yes

No

7.7. Approximately how many calls do you handle a day?

7.8. Describe any problems with the work phone:

7.9. Do you have a personal CELL PHONE? Yes No

Provider/Brand/Model:

7.10. Is this phone used for work? Yes No

7.11. When do you have trouble hearing on the phone?

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

Provider:

7.13. Do you have high speed INTERNET SERVICE? Yes No

Internet Service Provider

SECTION 8. TRAVEL CONSIDERATIONS

8.1. How many nights (per month) do you travel overnight for the job?

8.2. How do you usually travel?

Fly

Drive Car

Drive Truck

8.3. Is alerting to the alarm clock, doorbell and fire alarm needed? Yes No

8.4. Is phone amplification needed? Yes No

8.5. Are accommodations requested for conferences or meetings? Yes No

SECTION 9. DESCRIBE THE HOME ENVIRONMENT

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

9.2. What type of doorbell do you have?

Chime box installed up on wall	Portable Plug-In Intercom System
Internet Connected Video Doorbell (i.e., Ring, Nest)	None/broken

9.3. Do you live alone or with others? Check all that apply.

Alone	Some children under 2 years old
With spouse	With others
With children	

9.4. What type of home do you live in?

House	Mobile home
Condo	Dorm
Apartment	

Night-Time Alerting Needs:

9.5. Alarm clock Yes No

How do you wake up/Does it work?

9.6. Is there a smoke detector on each level of the home? Yes No

Would it wake you up? Yes No

9.7. Landline phone ringing – Do you want alerting at night? Yes No

Is there a working phone jack in the bedroom? Yes No

9.8. Cell phone ringing – Do you want alerting at night? Yes No

9.9. Doorbell ringing – Do you want alerting at night? Yes No

Day-Time Alerting Needs:

9.10. Landline phone ringing – List rooms you cannot hear phone ring:

9.11. Doorbell ringing – List rooms you cannot hear doorbell ring:

9.12. Someone knocking at the door – List rooms you cannot hear it.

9.13. Television/stereo/radio – List difficulties

9.14. If you could be signaled during the day in one of four ways, which would you prefer?

Audible sound

Pager

Room lamp flashing

None

Strobe light unit

Conversational Situations: Describe when these situations are hard.

9.15. In one-on-one conversations at banks, work, doctors, etc.

9.16. In small groups (5 or less) at restaurants, family gatherings, etc.

9.17. In large groups (6 or more)

9.18. While in a vehicle

9.19. List any products that have been helpful to you

9.20 Please describe the most important and difficult situations you hope can be improved:

9.24. Is there anything else you would like to share about any other areas that concern you?

9.25. Check all areas where you would like additional information:

Communication Strategies

Assistive Technology

Speechreading

Support/Resources

9.26. Use the scale to RATE YOUR COMFORT LEVEL with New Technology (0 = HATE it, 5 = I can use it if you show me how, 10 = LOVE New Technology)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10		
HATE It!	I Can Use it If You Tell Me How	LOVE New Technology

The Kentucky Office of Vocational Rehabilitation (KYOVR) does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, gender identity or expression, ancestry, age, pregnancy or related medical condition, marital or familial status, disability, veteran status, political affiliation, or genetic information in accordance with state and federal laws. (Documents are Printed with Federal Funds) (Rev. Dec. 2025)