

Miracle-Ear Lifestyle Assessment*



Customer Name: _____

Consultant: _____

Office: _____

Date: 1. Needs Established (Initial Visit) _____

2. Outcome Assessed (1 Week Check-Up) _____

3. Outcome Assessed (3 Week Check-Up) _____

SPECIFIC NEEDS

Review 5 specific listening situations where the customer desires hearing improvement. Then indicate the order of significance (1-5) in the box on the left and circle the 3 MOST important goals to the customer.

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Hearing Score™



Degree of Change
(with hearing aid)
Completed at 1 week Check-Up

Worse	No Difference	Slightly Better	Better	Much Better

Final Ability
(with hearing aid)
Completed at 3 week Check-Up

Worse	No Difference	Slightly Better	Better	Much Better