



Wishes and Needs Tool (WANT)

Voucher number _____
 Family name _____
 Given name/s _____

You have been given this form because your hearing loss has been assessed as mild.

You should complete this questionnaire without assistance from the practitioner or others, if possible. This will ensure that the answers reflect your own attitude and motivation to wearing hearing devices.

Please tick the box that best applies to you.

Question 1

How strongly do you want to get hearing device/s?

1. Don't want them	2. Slightly want them	3. Want moderately	4. Want them quite a lot	5. Want them very much
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Question 2

Overall, how much difficulty do you have hearing (without hearing device/s)?

1. No difficulty	2. Slight difficulty	3. Moderate difficulty	4. Quite a lot of difficulty	5. Very much difficulty
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Signature _____

Date _____/_____/_____

Please give completed form to your practitioner.