



## 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.**